



State of Oklahoma  
October 1, 2023

# Oklahoma Child Welfare Task Force

## *Recommendations*



Development



Support



Engagement



Capacity

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Chairman  
Justin Brown

## Letter from the Chairman

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In January 2023, Governor J. Kevin Stitt issued the executive order to launch the Child Welfare Task Force in Oklahoma. The charge was to create a series of recommendations that could be acted upon within the Executive Branch agencies and in partnership with the Oklahoma Legislature. Chairing this task force, even as I have stepped down from my role in state government, has validated many things for me, including that individual people with true intent and in collaboration with others who share that intent, can overcome the flaws of government and change the course for millions of people.

In my time serving the State of Oklahoma as Director of Oklahoma Human Services and as Secretary of Human Services, there are several truths I came to learn, many of which were confirmed in my role as Chairman of the Child Welfare Task Force.

First, the work done in the child welfare system across the nation is just plain hard. Every family has different needs and the organizations that have been built to serve those families have to do so without the flexibility of resources that are necessary to meet the increasing complexity of those needs. And, as those needs change, the systems don't have the ability to pivot their resources to meet those evolved needs.

Second, the government workforce is made up of true heroes. These professionals are first responders in every way, and they remain dedicated even though the systems in which they operate aren't always logical and well-coordinated. Further, the incredible amount of trauma inherent in navigating the brokenness of humanity cannot be adequately appreciated unless you are in the system itself.

Third, real organizational intimacy and collaboration isn't the historical strength of government. The complexity of the systems, among other things, results in a sometimes-adversarial landscape which their participants must overcome to support themselves and their families. The real lesson learned, and validated through this Task Force work, is that when authentic collaboration occurs through strong relationships, the output can change lives. This is why working for state government can be so exciting and empowering.

This report stands as a record of thousands of hours of meaningful dialogue from hundreds of participants. It represents scores of stakeholder groups. Simple words of appreciation to the members of the Task Force and the Oklahoma Human Services team that provided administrative support are insufficient. Each member approached their work with a real commitment to inform continued transformation. I believe Oklahoma's children and families are better because of their work. This work was taken seriously as an opportunity to influence a system that is on the right track yet can never consider transformation complete. The child welfare system is already widely considered a model system in many ways, but the team at OKDHS continues to raise their hand with humility and recognition that they are 'fearless for change' and welcoming to other voices in helping to create that change. The importance of this culture, and the progress that has occurred over the last ten years is critical to a future child welfare system that meets real needs and prioritizes family building as the goal.

While the membership of the Task Force was limited by the executive order, the scope of engagement was not limited. Oklahomans can be sure that work was done to hear all voices, including tribal partners, court representatives, legislators, families, advocates, child welfare professionals, and many others. The quality of this report is high and those who were charged with its creation are firmly behind its content. It is with sincere gratitude to all who participated in this effort that the Child Welfare Task Force humbly submits this report to the Governor's office for future action.

Sincerely,

Justin Brown

Chairman, Oklahoma Child Welfare Task Force



# Executive Summary

In recent years, the state has taken massive strides towards achieving the types of outcomes that Oklahoma's children and families deserve through ongoing Pinnacle Plan efforts as part of the state's child welfare system reform. For any continued system improvement, it's important to remember where Oklahoma started and recognize that each stage in this reform journey provided an opportunity to learn and build upon to improve experiences and outcomes for families. Over the course of Oklahoma's system reform, our state has continued to embrace continuous improvement—never ceasing in our attempts to challenge existing processes and to make diligent efforts to identify needed change.

It is the state's hope that the Child Welfare Task Force represents the next step in Oklahoma's journey of improving excellence in the child welfare system. The Task Force was formed by Governor Kevin Stitt in Executive Order (2023-01). In the order, Gov. Stitt calls for the creation of a task force, supported by staff support of Oklahoma Human Services (OKDHS) to address areas of performance within the child welfare system. Each Task Force member was identified as an expert in some capacity and brought critical elements of experience and knowledge to the group as improving a child welfare system requires community partnerships and collaboration. The areas of focus within the executive order are:

## 4 Focus Areas:

- 1.) Further reduce the time to permanency in the foster care system;
- 2.) Further reduce the number of re-entries to foster care after discharge to permanency;
- 3.) Identify risk factors that lead to the removal of children from their biological parents' home; and
- 4.) Identify and propose areas of support for biological parents.

The Task Force took this responsibility exceedingly serious, and spent six months working to provide Gov. Stitt, and the entire State of Oklahoma, with the best possible recommendations to improve outcomes for families who encounter the child welfare system. The Task Force split into five Focus Areas to dig deeply into the data and experiences of Oklahoma's children and family services landscape to learn what processes or protocols have already been put in place, what has been successful for potential expansion, and areas still in need of attention and improvement. The Task Force members were charged with creating and identifying effective collaborative solutions to obstacles that come between Oklahoma's children and families and the bright future that they deserve. This Task Force report represents a robust effort to move Oklahoma forward on its journey towards ever increasing child welfare excellence.

The Focus Areas mentioned above are briefly detailed in Table 1:

Table 1: Oklahoma's Child Welfare Task Force Focus Areas

Focus Area	Responsibility
Administrative OKDHS-Agency Process of Permanency Cases	Examine OKDHS policies and practices to identify areas for improvement
Administrative Court-Process of Permanency Cases	Examine court policies and practices to identify areas for improvement
Entry & Reunification	Understand the causes for entry and re-entry into the child welfare system, as well as factors that lead to successful reunification
Service Array	Analyze the current availability of services for children and families and identify gaps in those services based on Oklahoma's needs
Stakeholder Experience	Hear from the voice of the individuals involved in the child welfare system to identify areas of strength and challenges, as well as improvement opportunities

As a part of the Task Force process, the group was able to identify a few prominent conclusions regarding the most common issues facing Oklahoma's child welfare system. **The first is that the state struggles with high incidence rates in many of the most common risk factors that lead to removals.** These include items such as poverty, adverse childhood experiences (ACEs), and most notably, substance abuse. Substance abuse in particular accounts for a substantial amount of the neglect observed in the state, and the vast majority of removals occur because of neglect with substance abuse playing a key role in driving that neglect.

**Second, the state is likely too cautious in reunification, with rankings among the elite in the nation in re-entry, but towards the bottom of the nation in timely reunification.** Preliminary analysis suggests these two factors may work at cross-purposes. Waiting for reunification can result in being absolutely assured that all safety conditions have been corrected, but also comes with the loss of precious months or even years spent at home with their biological parents. The inverse can also be true – rushing children into reunification too quickly can increase the likelihood that those children end up back in the system. Given Oklahoma's current standing, the Task Force believes there is more merit to spending time and attention on improving timely permanency, as the state is already performing exceptionally in re-entry measures.

**Third, Oklahoma's children and families desperately need stable supports in their lives, and many families engaged in the current system are lacking these supports.** Foster parents, case workers, and service providers change too frequently, and this can be associated with serious negative permanency outcomes. Identifying effective strategies to minimize worker and foster parent turnover is critical to achieving the permanency outcomes that everyone in the state desires.

**Fourth, the state needs to improve its approach to partnership.** Working a child welfare case takes a village. Foster parents, attorneys, judges, biological family, child welfare, and more all need to work in harmony for the best interests of the family. The Task Force's background work found that too often partnerships are falling short of this ideal, and permanency outcomes suffer as a result.

Adopting effective processes for ensuring all partners have easy access to reliable information and are treated with respect by everyone else will be key to improving outcomes for Oklahoma’s children and families.

**Fifth, and finally, the state needs a dramatic overhaul of service availability.** Parents involved in the system frequently are required to complete services as part of a condition of reunification. These services should be summarized in an easily understood Individualized Service Plan (ISP) designed to redress the conditions that led to removal. Too often, however, biological families are left waiting for weeks or months to begin essential services, and/or are unable to find any requisite services in their community whatsoever. Crafting strategies to expand the pool of available services will ensure parents can complete services and correct safety conditions in a timely manner.

This Task Force report contains many recommendations that can be utilized to address the five underlying conditions that drive negative permanency outcomes. These broad recommendations are accompanied by more specific action items. These action items can be seen as a proposed check list to track the progress of the state as it grows into a bright future in which all of Oklahoma’s families have the support necessary to thrive for generations. Some of the recommendations can be accomplished with willpower and current staffing levels alone. Others will require additional funding or statutory changes. The Task Force firmly believes that taking the opportunity *now* to invest in correcting conditions that have historically been stumbling blocks for children and families across the state is worth it. Our children and families are our future, and it is the responsibility of every Oklahoman to do what is necessary to see our community thrive and flourish.



# Overview

## **GOAL 1:** Expand Resources and Services to Prevent Families from Entering into the Child Welfare System

### **RECOMMENDATION 1.1:**

#### **COORDINATE EFFORTS ACROSS SYSTEMS AND COMMUNITIES.**

**Action Item 1.1.1:** *Develop and Implement an innovative approach to locating resources through integrated service and referral networks.*

**Action Item 1.1.2:** *Develop protocols and systems for sharing information securely and efficiently between agencies, while maintaining privacy and confidentiality.*

**Action Item 1.1.3:** *Build a process to connect families with screened out referrals to warmlines for support and services.*

### **RECOMMENDATION 1.2:**

#### **BUILD COMMUNITY CAPACITY THROUGH SUPPORTS AND RESOURCES.**

**Action Item 1.2.1:** *Expand Safe Families Oklahoma, and similar programs, to at-risk communities.*

**Action Item 1.2.2:** *Expand school-based service workers to at-risk communities.*

**Action Item 1.2.3:** *Evaluate barriers and explore potential funding sources to expand transportation services across the state.*

### **RECOMMENDATION 1.3:**

#### **EXPAND AND FUND MEDICAID BENEFITS TO 205% OF THE FEDERAL POVERTY LEVEL FOR BIOLOGICAL PARENTS WITH CHILDREN IN CARE OR AT-RISK OF BEING IN CARE.**

**Action Item 1.3.1:** *Apply for federal approval through Centers for Medicaid and Medicaid Services.*

**Action Item 1.3.2:** *Submit a budget request during legislative session.*

**Action Item 1.3.3:** *Develop marketing and communication materials: Outreach to notify providers, create signs for providers, outreach to families and providers, attorneys, school-based social workers, and Child Welfare staff to engage parents regarding this opportunity.*

## **GOAL 2:** Evaluate and Implement Strategies for Supporting and Enhancing Family Engagement

### **RECOMMENDATION 2.1:**

#### **MODERNIZE THE STATE'S APPROACH TO INDIVIDUALIZED SERVICE PLANS.**

**Action Item 2.1.1:** *Revise the format and language of the ISP to be more family-focused and hope-centered through co-design with child welfare supervisors, specialists, and families.*

**Action Item 2.1.2:** *Revise the process of developing ISPs to eliminate the bias of all parties through co-design with child welfare supervisors and specialists, families, and the courts.*

**Action Item 2.1.3:** *Build a process to connect families with screened out referrals to warmlines for support and services.*

### **RECOMMENDATION 2.2:**

#### **ESTABLISH A PRACTICE MODEL FOR AN APPROACH TO INTENSIVE REUNIFICATION.**

**Action Item 2.2.1:** *Examine guides from best practices, such as Washington Intensive Reunification Services, Strengthening Families Program, and Homebuilders.*

**Action Item 2.2.2:** *Develop the model to include processes for case consultations, joint assessments, and shared decision-making to address the complex mental health needs of the children and families they serve.*

**Action Item 2.2.3:** *Develop a process and practice to change case status to intensive home services with weekly or bi-weekly check-ins that decrease case risks and increase safety from the start of service and interventions.*

### **RECOMMENDATION 2.3:**

**DEVELOP PRACTICES TO SUPPORT BIOLOGICAL PARENTS AND ENHANCE THEIR UNDERSTANDING OF PROCESSES.**

**Action Item 2.3.1:** Create a roadmap and informational materials for child welfare and court processes.

**Action Item 2.3.2:** As new case management technology is developed, provide biological parents access to relevant and necessary information related to their case.

### **RECOMMENDATION 2.4:**

**ESTABLISH A CONSISTENT APPROACH TO PARENT PEER AND PARTNER PROGRAMS IN THE STATE.**

**Action Item 2.4.1:** Identify and develop an approach to consistently train parent peers and parent partners throughout the state.

**Action Item 2.4.2:** Create a data collection plan to evaluate programmatic success.

**Action Item 2.4.3:** Develop a plan to implement parent peer and partner programs in at-risk communities.

## **GOAL 3: Improve the Effectiveness of the Juvenile Court System by Enhancing Stakeholder Engagement**

### **RECOMMENDATION 3.1:**

**EXECUTE THE FAMILY REPRESENTATION AND ADVOCACY PROGRAM ACROSS THE STATE.**

**Action Item 3.1.1:** Develop an evaluation of the FRAP program.

**Action Item 3.1.2:** Connect parent mentor programs to legal representatives.

**Action Item 3.1.3:** Identify and reserve private spaces for families and youth to talk with their attorneys.

### **RECOMMENDATION 3.2:**

**DEVELOP A TECHNOLOGY CASE MANAGEMENT SOLUTION FOR COURT FILES.**

**Action Item 3.2.1:** Develop protocols and systems for sharing information securely and efficiently, while maintaining privacy and confidentiality.

**Action Item 3.2.2:** Develop processes for quality improvement.

### **RECOMMENDATION 3.3:**

**PROVIDE ALTERNATIVE OPTIONS FOR SERVICES WHEN NECESSARY SERVICES ARE NOT AVAILABLE TO FAMILIES.**

**Action Item 3.3.1:** Develop and deploy an Intervention Guidance Tool (IGT) for the courts and Child Welfare to match parents to appropriate services.

**Action Item 3.3.2:** Establish a team of professionals in their referenced fields that recommended alternatives for parents if needed services are unavailable.

## **GOAL 4: Increase Supports and Strengthen the Role of Foster Parents to Reduce Closure Rates and Placement Disruptions**

### **RECOMMENDATION 4.1:**

**INCREASE FINANCIAL SUPPORT FOR FOSTER FAMILIES.**

**Action Item 4.1.1:** Increasing stipend for foster parents.

**Action Item 4.1.2:** Improving respite supports.

**Action Item 4.1.3:** Extend paid administrative leave for state employees who are foster parents when accepting a new child.

**Action Item 4.1.4:** Identify additional financial support for kinship caregivers while completing introductory foster parent training.

### **RECOMMENDATION 4.2:**

#### **BUILD CAPACITY FOR CHILDCARE TO SERVE CHILDREN IN FOSTER CARE AND WITH COMPLEX CARE NEEDS.**

**Action Item 4.2.1:** *Develop a difficulty of care payment for children with complex care needs, including children in foster care.*

**Action Item 4.2.2:** *Develop and provide specialized training for childcare providers for children and youth with complex needs, including trauma.*

### **RECOMMENDATION 4.3:**

#### **PROVIDE NEEDED INFORMATION TO FOSTER PARENTS.**

**Action Item 4.3.1:** *As new case management technology is developed, provide foster parents access to relevant and necessary information related to children in their home.*

### **RECOMMENDATION 4.4:**

#### **EXPAND FOSTER PARENT MENTORSHIP PROGRAMS.**

**Action Item 4.4.1:** *Identify and develop an approach to consistently train foster parent mentors throughout the state.*

**Action Item 4.4.2:** *Create a data collection plan to evaluate programmatic success.*

**Action Item 4.4.3:** *Develop a plan to expand to communities in need.*

## **GOAL 5: Expand Capacity of Professionals that Support Families in the Child Welfare System**

### **RECOMMENDATION 5.1:**

#### **ENHANCE THE AVAILABILITY OF MENTAL HEALTH PROVIDERS WHO SPECIALIZE IN WORKING WITH CHILDREN IN FOSTER CARE.**

**Action Item 5.1.1:** *Provide specialized mental health resources and interventions tailored to the unique needs of foster families.*

**Action Item 5.1.2:** *Review the licensing requirements for mental health professionals and streamline the processes for licensing and credentialing individuals specifically trained in working with children and youth in foster care or with complex care needs.*

**Action Item 5.1.3:** *Increase the Medicaid reimbursement rate for outpatient behavioral health services for children and families in foster care, or at risk of entering foster care.*

### **RECOMMENDATION 5.2:**

#### **REDUCE THE ADMINISTRATIVE BURDEN AND ENSURE COMPENSATION FOR CHILD WELFARE SPECIALISTS IS COMPARABLE TO MARKET VALUE AND APPROPRIATE FOR THE INTENSITY OF THE WORK.**

**Action Item 5.2.1:** *Increase the number of supporting staff, case aides, and child welfare assistants.*

**Action Item 5.2.2:** *Modernizing financial reimbursement of purchasing emergency items for children and youth in care.*

**Action Item 5.2.3:** *Conduct a market analysis for Child Welfare specialists.*

### **RECOMMENDATION 5.3:**

#### **MITIGATE THE IMPACT OF CASE TRANSFERS.**

**Action Item 5.3.1:** *Evaluate the frequency of case transfers.*

**Action Item 5.3.2:** *Examine the quality of information exchange during case transfers.*

**Action Item 5.3.3:** *Develop an approach to ensuring inclusion of all involved parties in transfer meetings.*

### **RECOMMENDATION 5.4:**

#### **DEVELOP AND IMPLEMENT EDUCATION PROGRAMS FOR PROFESSIONALS WORKING WITH THE CHILD WELFARE SYSTEM.**

# Introduction

Oklahoma's Child Welfare Task Force originated in response to an Executive Order from Governor Kevin Stitt. In this order (2023-01), Gov. Stitt called for the creation of a task force intended to craft recommendations dealing with a few specific areas of the child welfare system. Specifically, Gov. Stitt requested the Task Force to make recommendations that would:

1. Further reduce the time to permanency in the child welfare system;
2. Further reduce the number of re-entries to foster care after discharge to permanency;
3. Identify risk factors that lead to the removal of children from their biological parents' home; and
4. Identify and propose areas of support for biological parents.

To summarize the request, this Task Force was called to make entry into state custody rarer through prevention, improve the child welfare system's effectiveness at strengthening biological families, and to reduce the time in custody for those children who still must, despite the state's and broader community's best efforts, enter foster care.

In addition to the four goals stated above, Gov. Stitt also specifies one defined target for the state to meet in the area of child welfare. The state is directed to decrease the number of Oklahoma children in state custody from 6.89 out of every 1000 to 4 out of every 1000. Achieving this target, assuming permanency numbers hold in the rest of the U.S., would be sufficient to vault Oklahoma from its current place in national permanency rankings into the Top 10.

As Governor Stitt highlights in his Executive Order, the State of Oklahoma has been in a period of rapid improvement in the child welfare space over the last decade. The Pinnacle Plan is a series of goals that Oklahoma has committed to achieving, and the state's dedication to excellence in implementing the plan has delivered incredible results for Oklahoma's children and families. In July 2012, just over 9,000 children were in state custody. This number continued to rise before peaking at 11,303 in October 2014. In November 2014, the number started to decline for the first time since Pinnacle Plan implementation began. As of June 2023, the number of children in OOH care was 6,303, a 44.2% decrease since October 2014. A curated selection of other recent child welfare accomplishments is below:

- Improved staff capacity through hiring and adherence to caseload standards
- Improved staff retention
- Improved foster home capacity
- Reductions in maltreatment in care
- Reform of shelter usage to ensure that as many children as possible are placed in a family setting
- Reduction in children aging out of foster care
- Increased utilization of kinship homes which resulted in greater placement stability for children in care

Despite these laudable successes, Governor Stitt is correct in acknowledging in the Executive Order that "we have made great progress in the area of child welfare in Oklahoma, but our work here is not yet done." The Governor's stated goals in the Executive Order line up well with OKDHS' goals, as

well as the goals of the community, court, and agency partners that augment OKDHS’ efforts with the holistic supports that Oklahoma’s children and families need. The partners involved in this Task Force envision the plan laid out in this document as being the next, post-Pinnacle Plan, step that Oklahoma can take to persevere in its journey of continuous improvement in this area.

## Task Force Organization

Following the formation of the Task Force, planning began for how to accomplish the goals that were established in the Governor’s Executive Order. The resulting plan created a body that would meet frequently, draw on the expertise and passion of the members, and produce a high-quality set of recommendations. The Task Force ostensibly featured four bi-monthly public meetings (held at the Oklahoma History Center in Oklahoma City), at which the Task Force members would review data, ask questions, and discuss and present potential recommendations for the improvement of the child welfare system. These public meetings are detailed in Table 2.

Table 2: Child Welfare Task Force Meetings

Meeting Date	Meeting Objective
March 10 <sup>th</sup> , 2023	<ul style="list-style-type: none"> <li>• Introduce Task Force</li> <li>• Discuss current Child Welfare metrics</li> <li>• Discuss Task Force design and future goals</li> </ul>
May 5 <sup>th</sup> , 2023	<ul style="list-style-type: none"> <li>• Introduce Focus Areas</li> <li>• Discuss detailed Child Welfare metrics</li> </ul>
July 28 <sup>th</sup> , 2023	<ul style="list-style-type: none"> <li>• Present draft recommendations</li> </ul>
September 22 <sup>nd</sup> , 2023	<ul style="list-style-type: none"> <li>• Discuss final recommendations</li> </ul>

However, the work of the Task Force was constantly underway between meetings, as members met together, workshopped ideas, conducted engagement sessions with key stakeholders, and accomplished other essential aspects of preparation essential to completing the goal set before them. The child welfare system was divided into five focus areas, and the Task Force members each served in one of these focus areas. Brief descriptions of each focus area are described in Table 3 below.

Table 3: Focus Area Descriptions

Focus Area	Responsibility
Administrative OKDHS Agency Process of Permanency Cases	Reviewed current OKDHS policy and practice for barriers to achieving excellent permanency outcomes
Administrative Court Process of Permanency Changes	Reviewed current court policy and practice for barriers to achieving excellent permanency outcomes
Entry & Reunification	Identified risk factors that increase the likelihood of families becoming involved in child welfare and strategies to manage these risk factors
Service Array	Assessed the current state of service offerings available for families to identify gaps in necessary services

## Recommendation Development Process

The Task Force members, planning personnel, support staff, and leadership worked thoughtfully to craft a process that would produce quality recommendations. The first step in the process included a significant amount of discussion regarding identifying the characteristics of a quality recommendation. Using reviews of other task force reports and discussions with staff and stakeholders, a basic framework arose that would help guide Task Force members to be able to develop quality recommendations. The Task Force desired recommendations that:

- Addressed a real problem
- Made a significant contribution to redress the problem

The team wanted to craft a workflow that would constantly infuse data throughout the process and keep the Task Force on mission to produce high quality recommendations. A visualization of this process can be seen below in Figure 1.

Figure 1. Recommendation Process



## Defining the Problem

Utilizing a rigorous examination of available data and drawing on the Task Force members' expertise in child welfare, the Task Force identified a few broad observations that informed the development of recommendations contained within this report. While not an exhaustive list of the

causes of family instability and child welfare system involvement, these discussions highlight some of the major challenges that emerged repeatedly while defining the problem.

## Oklahoma and Child Welfare Risk Factors

Preventing children from entering the child welfare system requires that the risk factors that lead to removal of custody be clearly understood. According to the social scientific literature on this subject, there are a handful of behaviors and environmental conditions that increase a family's likelihood of being involved in the child welfare system. Some of the most prominent of these include:

- Drug or alcohol use
- Mental health issues
- Economic stress
- Lack of connection to others
- Crime
- Poverty
- Unemployment
- Unstable housing
- Food insecurity<sup>1</sup>

Many of the state's social safety net programs are intended to effectively address these risk factors, but the state has not had as much success as would be ideal in these areas. In many cases, Oklahoma finds itself in the bottom half, or even bottom ten, of these rankings. Table 3 details a few of the state's poor rankings in a national context.

Table 3: Oklahoma's National Risk Factor Rankings

Poverty Rate	40 <sup>2</sup>
Child Well-Being	40 <sup>3</sup>
Economic Well-Being	32 <sup>4</sup>
Education	45 <sup>5</sup>
Health	42 <sup>6</sup>
Family and Community	41 <sup>7</sup>
Prevalence of Adverse Childhood Experiences (ACEs)	39 <sup>8</sup>

<sup>1</sup> Center for Disease Control. *Risk and protective factors*. (2022, April 6).

<https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>.

<sup>2</sup> Putnam, C. (2022, September 16). *Latest poverty, health insurance data show that Oklahoma still has work to do*. Oklahoma Policy Institute. <https://okpolicy.org/latest-poverty-health-insurance-data-show-that-oklahoma-still-has-work-to-do/>.

<sup>3</sup> The Annie E. Casey Foundation, KIDS COUNT Data Center. (2022). <https://datacenter.aecf.org/>.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

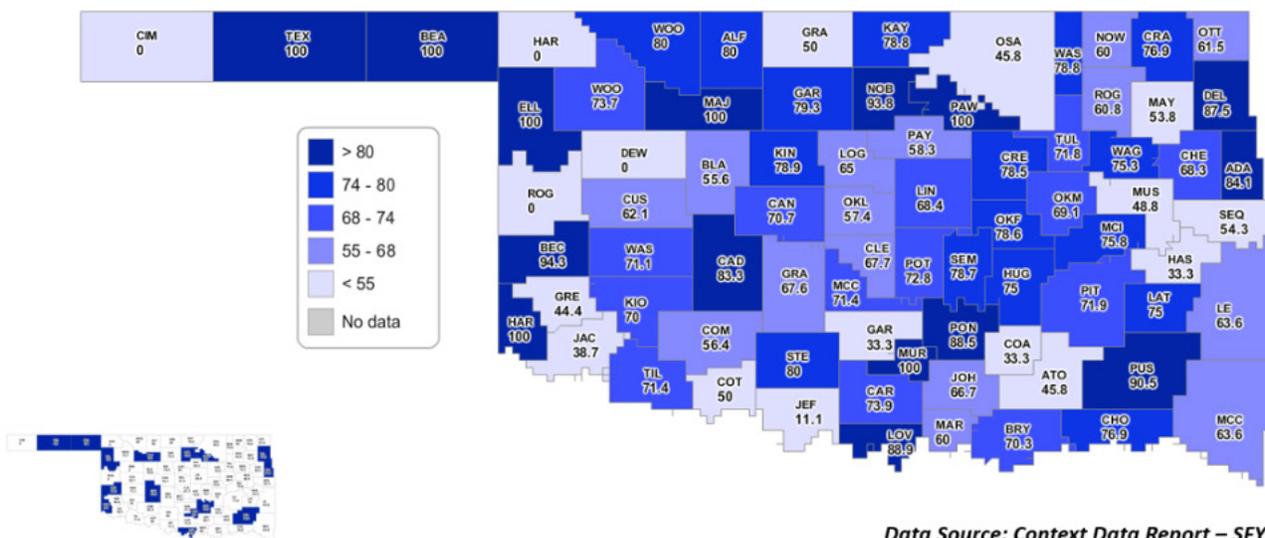
<sup>7</sup> Ibid.

<sup>8</sup> Putnam, C. (2022, September 16).

To reduce the number of children in care as well as the amount of time children spend in care, prevention efforts that provide support for families prior to crisis are essential. Of all the risk factors of child welfare involvement in Oklahoma, none plays a larger role than neglect that occurs while the person responsible for the child is dealing with substance abuse issues.

Nearly 70% of all child welfare removals include substance abuse as at least one contributing factor. If the state is serious about reducing the number of children in child welfare, and about addressing the underlying causes of abuse and neglect, one major priority must be substance abuse. As Figure 3 suggests, substance abuse is a major issue across the entire state, with several counties having rates higher than 90% of substance abuse being related to child welfare removals.

**Figure 3: Percentage of Removals Related to Substance Abuse in Oklahoma by County**



Data Source: Context Data Report – SFY22

## Oklahoma has a Timely Permanency Problem, not a Re-entry Problem

Gov. Stitt’s executive order specifically requests that one aim of the Task Force be to “further reduce the number of re-entries to foster care after discharge to permanency”. As of the most recent data, Oklahoma ranks 2<sup>nd</sup> in the United States for the best re-entry rate and has been consistently placed in the top 3 for re-entry rates over the last five years.<sup>9</sup> As such, Oklahoma’s stated goal of becoming a Top 10 state has been comfortably met in this very important measure, for now. There is also some anecdotal evidence, however, that timely permanency and re-entry may be inversely related – being excellent at one may cause you to suffer in the other. For a visualization of this, see Table 4.

<sup>9</sup> Children’s Bureau. *Outcome 4.1: Time to Reunification*. (2023). ACF.HHS.gov. <https://cwoutcomes.acf.hhs.gov/cwodatasite/fourOne/index>; Children’s Bureau. *Outcome 4.2: Reentries into Foster Care*. (2023). ACF.HHS.gov. <https://cwoutcomes.acf.hhs.gov/cwodatasite/fourTwo/index>

**Table 4: 2023 State Rankings for Re-entry and Timely Permanency<sup>10</sup>**

State	Re-entry Ranking	Timely Permanency Ranking
Idaho	6	1
Wyoming	42	2
Colorado	48	3
South Dakota	43	5
South Carolina	26	6
Hawaii	40	7
Minnesota	47	8
North Dakota	44	9
Arizona	18	10
Georgia	10	41
Utah	9	22
Louisiana	8	17
Nevada	7	11
Arkansas	5	14
Missouri	4	41
Texas	3	43
Oklahoma	2	48
Delaware	1	5

*Green boxes denote top 10 status; Red boxes denote bottom 10 status*

As suggested in this table, those states that are in the top ten for re-entry are frequently in the bottom ten for timely permanency, and vice versa. Interestingly, this relationship seems to be the most severe for states in the top 10 of timeliness, as six of those are in the bottom 10 for re-entry. For states in the top 10 for re-entry, four are in the bottom 10 for timeliness. There are a few examples of states that excel in both categories (Idaho and Delaware stand out), and Oklahoma would love to join them! It is clear, however, that if Oklahoma has a compelling need to pick one area in which to improve, timely permanency would be the choice. As of the most recent publicly available data from 2021, the state ranks 48<sup>th</sup> in the national rankings. It is even conceivable that by increasing its focus on re-entry, Oklahoma may exacerbate its already poor performance in timely permanency.

Why might this be? There's no definitive answer, but there is a likely culprit. Some states may rush children to permanency too quickly, which would result in re-entry if the underlying conditions that led to the original removal are not appropriately managed. Conversely, some states may value safety so highly that they are delaying permanency far longer than they need to, but also are sending very few children to reunifications that are more likely to fail because sufficient work has not been put into correcting underlying safety conditions.

<sup>10</sup> Children's Bureau. *Outcome 4.1: Time to Reunification*. (2023). ACF.HHS.gov. <https://cwoutcomes.acf.hhs.gov/cwodatasite/fourOne/index>; Children's Bureau. *Outcome 4.2: Reentries into Foster Care*. (2023). ACF.HHS.gov. <https://cwoutcomes.acf.hhs.gov/cwodatasite/fourTwo/index>

It seems likely that Oklahoma belongs, given these pieces of evidence, in the latter group rather than the former. An additional piece of evidence is that during the COVID-19 pandemic, the state reunified a significant number of children, all while having far fewer children entering care. Despite more children returning to their family home, the state did not see any worsening in re-entry rates, suggesting that there was likely a posturing by the state that was removing too quickly, reunifying too slowly, or both. As a result, it is the informed opinion of the Task Force that primary effort be given to pursuing strategies related to timely permanency rather than re-entry. It is critical, however, that the state continue to monitor re-entry as Oklahoma attempts to improve in timely permanency. Some slight uptick in re-entry is likely, but excellence must be maintained in re-entry while attempts are made to attain excellence in timeliness. The state must be vigilant to ensure that one problem is not merely swapped for another.

## **The Child's (and Family's) Need for Stable Supports**

The data suggests that turnover in roles that are intended to support the child and family is devastating for case progress and timely permanency.<sup>11</sup> A typical child entering the child welfare system has experienced abuse or neglect as well as major life change and lack of stability. Removal itself is an incredibly traumatic experience, thus, and creates challenges in that child's life any time a figure who is supportive of a healthy way of life departs.

The same is true for biological families as well. Many are victims of generations of historical trauma and lack appropriate and healthy relationships with other adults. Foster parents can serve both as caretakers for their biological children while they address safety concerns, but also as support systems for biological parents. They can teach skills, answer questions, model good parenting behavior, and many even serve as extended families for the children long after they achieve permanency.

In conducting the research for this Task Force, the team found profound impacts on children and families facing a lack of stability. Children that had two placement disruptions in the first year of their stay in foster care were far more likely to have placement instability (defined as three or more moves following the first year in foster care) after that. There is also some evidence that increased numbers of placements for children can lead them to be less able to form healthy attachments with foster or adoptive parents as well as other healthy adult figures involved in their lives.<sup>12</sup>

Foster parent and caseworker stability are essential to working cases to preferable, timely outcomes. Some foster parent and caseworker turnover is unavoidable. Much of it is, however, preventable. Oklahoma needs to ensure that foster parents and caseworkers are well-supported with the time and resources to do their job well and shown appreciation for the invaluable services they provide for Oklahoma's children and families. Children in the system benefit from having a network of many supportive adults, and designing a system geared towards maximum caseworker and foster parent stability is a key component in keeping more of their relationships healthy and strong.

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<sup>11</sup> CWTF Engagement Sessions; CWTF Surveys

<sup>12</sup> Webster, D., Barth, R. P., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. *Child Welfare*, 79(5), 614–632. <https://www.jstor.org/stable/45400238>.

## Oklahoma Needs to Strengthen its Approach to Partnership

Almost every discussion that was conducted with Oklahoma’s child welfare partners, including court, tribal, foster parent, biological families, service providers, and youth, featured at least some regret that more effort was not taken to fully inform and engage everyone involved in a child welfare case. Child Welfare expects a lot out of its partners, but those partners do not always feel respected and included. This lack of appropriate partnership can cause all manners of permanency delays, as partners are acting with incomplete information (and thus occasionally at cross purposes). Additionally, a lack of authentic partnership makes it less likely all parties will engage fully to support the best outcomes for the child and family. Child welfare also reported a similar lack of a partnership approach from its partners, so this is not a one-way street. All engaged stakeholders in the system must make a dedicated effort to include the others in their work if these exceedingly complicated and difficult issues surrounding child welfare have any hope of being resolved.

## Oklahoma’s Service Options are Limited

People struggling with substance abuse, mental health, physical abuse, or sexual abuse issues can rarely, if ever, overcome these issues on their own.<sup>13</sup> Solving these issues takes dedicated effort by a team of supportive members of the community, and professional service providers are a major part of that community. Unfortunately, in Oklahoma, there are sizeable pockets of the state in which obtaining access to these professional services is a lengthy process at best, and prohibitively difficult at worst. This is due to a wide range of causes, from low Medicaid reimbursement rates for practitioners, to lack of transportation, to low numbers of practitioners in rural areas of the state. If services are unavailable or take a significant amount of time to obtain, this delays parents in achieving their goals, which also increases the time that it takes for children to achieve permanency.

## Recommendations of the Task Force

### **GOAL 1:** Expand Resources and Services to Prevent Families from Entering into the Child Welfare System

The best child welfare outcome is when a child never needs to be removed from their biological parents. Many removals can be prevented through early identification of safety risks and broad access to services, but this happens less often than is ideal. This thought process is particularly true in the case of children with complex care needs such as physical and mental disabilities, serious medical conditions, or severe behavioral issues. All these challenges increase the difficulty of finding traditional home-like settings for placements, as well as the complexity of designing an ISP to ensure that these children can return home safely.

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<sup>13</sup> Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J., & Le Boutillier, C. (2012). Social factors and recovery from mental health difficulties: A review of the evidence. *British Journal of Social Work*, 42(3), 443–460. <https://doi.org/10.1093/bjsw/bcr076>; Stevens, E., Jason, L. A., Ram, D., & Light, J. (2015). Investigating social support and network relationships in substance use disorder recovery. *Substance Abuse*, 36(4), 396–399. <https://doi.org/10.1080/08897077.2014.965870>; Evans, S. E., Steel, A. L., & DiLillo, D. (2013). Child maltreatment severity and adult trauma symptoms: Does perceived social support play a buffering role? *Child Abuse & Neglect*, 37(11), 934–943. <https://doi.org/10.1016/j.chiabu.2013.03.005>; Fletcher, S., Elklit, A., Shevlin, M., & Armour, C. (2021). Predictors of ptsd treatment response trajectories in a sample of childhood sexual abuse survivors: The roles of social support, coping, and ptsd symptom clusters. *Journal of Interpersonal Violence*, 36(3–4), 1283–1307. <https://doi.org/10.1177/0886260517741212>.

Exacerbating this difficulty is the reality that, according to the foster parents that were surveyed for this Task Force, as well as discussions in the engagement sessions, these complex care needs are present in more cases than ever before.<sup>14</sup> As a result, the state must begin planning for how to provide for the needs of these children by providing services that are designed to meet their needs and accelerate the process for their return home, and ideally preventing removals before they ever happen. These service needs encompass far more than what is provided by OKDHS—including mental health, the courts, health care, corrections, education, childcare, and many more. The following are several action items intended to further the state’s progress towards accomplishing this recommendation.

**RECOMMENDATION 1.1:**  
**COORDINATE EFFORTS ACROSS  
SYSTEMS AND COMMUNITIES.**

There was common agreement among the Task Force members that, while services need to be expanded and improved, there were also times where existing services could have been utilized more effectively. In these cases, services do exist, but better coordination and partnership between agencies and community partners is needed. The Task Force identified several action items which would help to accomplish this recommendation. Accomplishing these action items would require a significant investment in partnering together as state agencies, non-profits, and community partners, but also of additional funding to support the development of the appropriate infrastructure.

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***Action Item 1.1.1: Develop and Implement an innovative approach to locating resources through integrated service and referral networks.***

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There is significant evidence that families involved in the child welfare system struggle to access essential services.<sup>15</sup> Lack of transportation, wait lists, and other barriers stand between Oklahoma’s families and the help that they need. Given these realities, the Task Force recommends that Oklahoma develop and implement an approach that would break down some of these barriers by reducing the number of times that a family needs to be sent next door, across the road, or across town to obtain the help that they need. Oklahoma already has access to technology platforms that could fill this need, including Be a Neighbor and Unite Us. These platforms allow easy connection of individuals in need with services from a wide range of partners.

The utilization of these kinds of systems, however, is still a fledgling process in Oklahoma, and the state needs to map out a strategy to yield the maximum possible benefit from cross-systems coordination. The value of any system like this depends on the work that goes into it, and spending

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<sup>14</sup> CWTF Engagement Sessions; CWTF Survey

<sup>15</sup> CWTF Engagement Sessions; CWTF Survey

time entering, maintaining, and monitoring processes for managing the same services across multiple technology platforms could result in redundancy, confusion, and wasted effort. Once this strategic planning work has identified the strengths and challenges of these systems, effort can be put into developing and marketing the use of the right system for Oklahoma's needs at the right time.

Having more services available at many locations shows vulnerable Oklahomans that the state is united around ensuring that they thrive and reduces the number of trips that any individual may need to take to get access to the help they need. Other states, such as Kansas and Georgia, have utilized this approach with similar platforms and have seen positive results. The Task Force recommends that the state reach out to these states to identify successful marketing and implementation strategies, and to begin thinking creatively about ways in which these platforms can be utilized to their fullest potential.

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***Action Item 1.1.2: Develop protocols and systems for sharing information securely and efficiently between agencies, while maintaining privacy and confidentiality.***

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Admittedly, privacy and confidentiality are a concern when considering implementing a more interconnected approach to social services. The more organizations and individuals who have access to a common data system, the higher the risk for security breakdowns. These are devastating in any professional context, but particularly damaging when dealing with families involved in the child welfare system. As our networks and connections grow, staff must be meticulous in taking precautions to ensure privacy and confidentiality. Oklahoma's families deserve to know that their state respects their privacy and is doing everything possible to prevent key information falling into the hands of the wrong people.

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***Action Item 1.1.3: Build a process to connect families with screened out referrals to warmlines for support and services.***

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The state needs more resources, better connective tissue between those resources, and to engage children and families in those improved services at pre-crisis moments. Particularly for those children with complex needs, connection to services before the family is in crisis could prevent engagement with child welfare and entry into foster care. The concept of the strengthening of existing warmlines is critical here. In comparison to the hotline, which receives emergency declarations, the Task Force recommends building out a referrals process through which family needs, even those that are not yet at an emergency level, could be triaged and provided for to circumvent the need for emergency involvement of Child Welfare at higher levels of frequency than they currently are. Practically speaking, this would be accomplished by developing a practice to refer families that are screened out of child welfare referrals into services. This increases the likelihood that families who are struggling, but not yet at the level of a safety risk that needs to involve child welfare involvement, can get the help that they need immediately.

**RECOMMENDATION 1.2:**  
**BUILD COMMUNITY CAPACITY  
THROUGH SUPPORTS  
AND RESOURCES.**

Despite many positive examples of service coordination, there are several identified service gaps. Oklahoma’s poor performance in basic outcomes exacerbate many of the issues facing the child welfare system. Many of these issues are discussed above in the section “[Defining the Problem](#)”. Given these gaps and the need to address them, it is critical that Oklahoma begin to tackle these issues at the prevention level with better, and more easily accessible services. If biological families are the best place for children, then more must be done to strengthen families before emergency involvement is required. Some investment on the front end will result in reduced trauma for children and families, fewer taxpayer dollars spent on emergency actions. Another set of potential benefits may include more productive citizens, lower rates of incarceration, and an increased tax base.

It is a blessing that the state does not stand alone in its desire to support Oklahoma’s at-risk families. In recent years, OKDHS has initiated attempts to engage Oklahoma’s civil society to assist with its mission to support vulnerable Oklahomans. OKDHS has been met with overwhelming willingness from the state’s private safety net and has partnered to have access to everything from office space to conduct important meetings and consultations to providing for basic needs such as food, shelter, and clothing. Considering these positive indicators, the Task Force believes that even more can be done to mobilize community resources in the state to ensure that every possible resource that could be leveraged for healthy families is being utilized.

Community partners regularly express willingness to expand their services in the community. The primary reasons why partners frequently do not become more engaged in their communities is either that they do not have the financial means to do so, or do not know how to make the best impact. As such, this is a rich opportunity for the state to consider methods to fill those needs for community partners, freeing them to serve the families with whom they have already built a trusting relationship. The Task Force recommends the following action items to accomplish this recommendation.

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***Action Item 1.2.1: Expand Safe Families Oklahoma, and similar programs, to at-risk communities.***

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Safe Families Oklahoma is a community-led collaborative which operated first in Oklahoma County and has since expanded to cover Tulsa, Muskogee, McIntosh, and Pittsburg counties. The program offers biological parents, on a voluntary basis, to choose to have their children temporarily live with Safe Families host parents to give the biological parents some time to tackle major issues in their lives that are obstacles between themselves and a thriving, healthy future for their family. These

breaks could include opportunities for parents to get a job, finish an educational or training program, complete substance abuse treatment, and many others.

Safe Families does an amazing job at providing an effective diversion from foster care. Around 95% of children who are hosted by a Safe Families host family are successfully reunited with their biological parents without the involvement of the Child Welfare system. However, at present, their reach in the state is limited to a few major metropolitan areas. The Task Force believes that there are several at-risk areas that could benefit from the introduction of Safe Families Oklahoma, or similar programs, in their local communities. The Task Force recommends collaboration with Safe Families Oklahoma, and in exploring partnerships with other interested community partners in this space, to identify support needed for program expansion to additional areas.<sup>16</sup>

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### ***Action Item 1.2.2: Expand school-based service workers to at-risk communities.***

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OKDHS currently administers a program, in collaboration with many of Oklahoma’s public schools, to provide social workers in Oklahoma’s public schools. These social workers (school-based specialists) are paid for jointly by OKDHS and the school system, demonstrating mutual appreciation for the program. The purpose of these specialists is to serve as the first line of defense for local families. Many calls to the child abuse and neglect hotline come from teachers, and for those schools in which a specialist is already present, much can be done prior to ever receiving these calls. For example, if children need assistance completing laundry or bathing, are hungry, or need medical attention, the specialist on-site can address many of these needs before they become a crisis. Funding for this program is, however, limited. At present, there is a waitlist for participation in the program, with multiple school districts awaiting an available specialist to house in their school district. Providing additional funding to pay for more specialists in at-risk communities would increase the number of eyes, ears, and helping hands in the community’s public schools and would likely yield positive permanency outcomes.

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### ***Action Item 1.2.3: Evaluate barriers and explore potential funding sources to expand transportation services across the state.***

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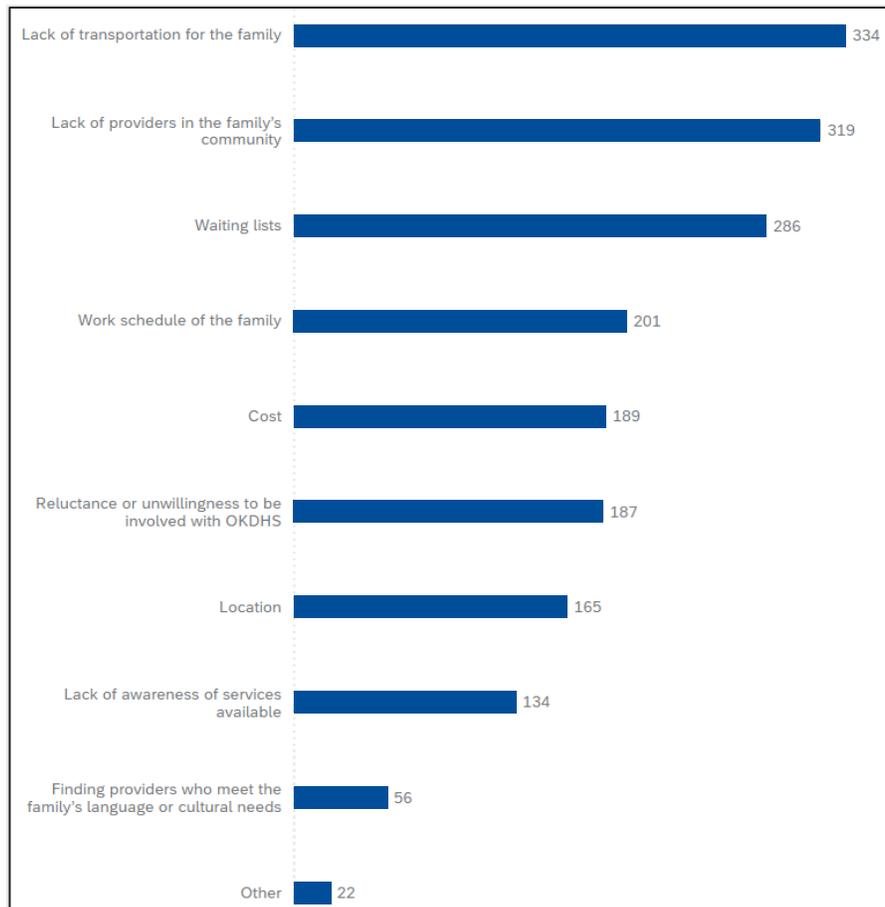
In discussions with caseworkers, foster parents, and biological parents, transportation issues regularly arise as one of the primary obstacles to timely permanency. Survey data collected from OKDHS Child Protective Services (CPS) and Permanency Planning (PP) staff listed transportation as the single biggest issue that creates difficulty for families attempting to participate in appropriate services (See Figure 4 below). Transportation is critical to participating fully in services, engaging in regular family time, and in obtaining and keeping a job – all tasks that are frequently vital to getting a struggling family back on the right track. In Oklahoma, there are few public transportation systems, except for those in major metropolitan areas. Purchasing and maintaining a vehicle is expensive, as is

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<sup>16</sup> Safe Families Oklahoma. (2023). <https://www.safefamiliesok.org/about-us/>

keeping it fueled. These benefits continue to pay off even after a permanency case is completed, as reliable transportation is an essential resource to helping to ensure that children have access to medical care, time spent with extended family and community supports, and extracurricular activities. Detailed exploration of this issue, and identifying possible solutions to it, is a crucial step towards reducing the time families spend in the child welfare system.

**Figure 4: Most Frequent Barriers to Participating in Services**



**RECOMMENDATION 1.3:**

***EXPAND AND FUND MEDICAID BENEFITS TO 205% OF THE FEDERAL POVERTY LEVEL FOR BIOLOGICAL PARENTS WITH CHILDREN IN CARE OR AT-RISK OF BEING IN CARE.***

As seen in Figure 4, cost is an obstacle for getting families the help they need. Given this reality, the Task Force recommends increasing the income limit for families that are involved in, or at-risk of entering foster care. Substance abuse is a challenge in Oklahoma and expanding Medicaid benefits may help prevent engagement with child welfare and entry into foster care by eliminating one obstacle to receiving assistance with substance abuse issues. The Task Force provided several action items intended to further this recommendation.

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***Action Item 1.3.1: Apply for federal approval through Centers for Medicaid and Medicaid Services.***

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Unfortunately, states do not have the leeway to make this kind of policy change on their own. Deviating from established funding limits requires the permission of the appropriate funding agency. In this case, that agency is Centers for Medicaid & Medicaid Services (CMS). A request, therefore, would have to be made to execute this alteration of policy and procedure. The process involves submitting a 1115 request to CMS and would likely take between nine months to one year to be approved, although some requests have taken up to 24 months.

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***Action Item 1.3.2: Submit a budget request during legislative session.***

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Additionally, these increased income limits are not paid for fully by the federal government, so state dollars would be required to fill in the gap. This model has the federal government matching state expenditures that go above and beyond the basic income limits. However, the number of children every year who are newly in child welfare or at risk of becoming so is relatively small compared to the current Medicaid rolls. If increasing Medicaid spending could divert families out of the Child Welfare system or increase access to services for families currently involved, this investment may quickly pay for itself with better prevention and permanency outcomes.

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***Action Item 1.3.3: Develop marketing and communication materials: Outreach to notify providers, create signs for providers, outreach to families and providers, attorneys, school-based social workers, and Child Welfare staff to engage parents regarding this opportunity.***

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Seeking approval and funding to pay for expanded Medicaid would only be the beginning of this process. Next, the state must strategically engage partners to publicize the availability of these services to parents and engaged stakeholders across the system. A concerted effort is needed from community partners, government agencies, OKDHS, and courts to market to individuals who would benefit from this expansion.

## **GOAL 2: Evaluate and Implement Strategies for Supporting and Enhancing Family Engagement**

Parent engagement is defined by the Administration for Children and Families (ACF) to be “a strength-based approach in which caseworkers partner with parents to build and strengthen relationships and set and achieve goals.”<sup>17</sup> This approach makes intuitive sense for a few reasons. First, Hope Science establishes convincingly that individuals are far less likely to pursue goals established for them by other people.<sup>18</sup> Even the most important goals, such as reunifying with children, must be defined by the individual, not by outside forces.

Additionally, biological families are the foremost experts on their family dynamics, including their strengths and areas for improvement. When an individual is preparing to build a house, they consult with experts to pour the foundation, build the frame, and lay the plumbing. The same logic applies to biological families – if the experts are not consulted, the product simply will end up being off from what it could have been.

All this discussion rings true according to common sense, but there is also a substantial amount of data to support the notion that engaging families yields positive child welfare outcomes. In fact, meaningful engagement with families is one of the elements that most drives positive outcomes for children and families.<sup>19</sup> These positive outcomes include:

- Reduced incidents of removal<sup>20</sup>
- Increased likelihood of reunification<sup>21</sup>
- Reduced recurrence of maltreatment<sup>22</sup>
- Improved placement and permanency options<sup>23</sup>
- Increased motivation for ISP progress for biological parents<sup>24</sup>
- Increased likelihood that service plans are appropriately targeted to meet the family’s needs<sup>25</sup>

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<sup>17</sup> Administration for Children & Families. *Parent Engagement – Reflections from the CSFR: 2015-2017*. (2019). [https://www.acf.hhs.gov/sites/default/files/documents/cb/cfsr\\_parent\\_engagement\\_ad\\_hoc\\_report.pdf](https://www.acf.hhs.gov/sites/default/files/documents/cb/cfsr_parent_engagement_ad_hoc_report.pdf)

<sup>18</sup> Hellman, C., Pharris, A. B., & Munoz, R. (2023). Responding to adverse childhood experiences: The science of hope as a framework for action. *Advances in Social Work*, 22(3), 1066–1083. <https://doi.org/10.18060/25632>

<sup>19</sup> Administration for Children & Families. *Parent Engagement – Reflections from the CSFR: 2015-2017*. (2019). [https://www.acf.hhs.gov/sites/default/files/documents/cb/cfsr\\_parent\\_engagement\\_ad\\_hoc\\_report.pdf](https://www.acf.hhs.gov/sites/default/files/documents/cb/cfsr_parent_engagement_ad_hoc_report.pdf)

<sup>20</sup> Child Welfare Information Gateway. (2016). *Family engagement: Partnering with families to improve child welfare outcomes* Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.

<sup>21</sup> Corwin, T. (2012). *Strategies to increase birth parent engagement, partnership, and leadership in the child welfare system: A review*. Casey Family Programs. Retrieved from <https://www.casey.org/media/BirthParentEngagement.pdf>

<sup>22</sup> Fuller, T., & Zhang, S. (2017). The impact of family engagement and child welfare services on maltreatment re-reports and substantiated re-reports. *Child Maltreatment*, 22(3), 183–193.

<sup>23</sup> Landsman, M., Boel-Studt, S., & Malone, K. (2014). Results from a family finding experiment. *Children and Youth Services Review*, 36, 62–69.

<sup>24</sup> Bossard, N., Braxton, A., & Conway, D. (2014). Meaningful family engagement. In G. Mallon & P. Hess (Eds.), *Child welfare for the 21st century: A handbook of practices, policies, and programs* (pp. 70–85). New York: Columbia University Press.

<sup>25</sup> Ibid.

## **RECOMMENDATION 2.1:**

### **MODERNIZE THE STATE'S APPROACH TO INDIVIDUALIZED SERVICE PLANS.**

The surveys disseminated by the Task Force identified ISPs as an area in significant need of improvement. Ideally, the ISP is specifically designed to assist families with a concrete plan that they can follow to address the safety concerns that merited having an ISP in the first place. These concerns change depending on the family, as not every family has the same needs as the next. Some families may, for example, need to complete substance abuse counseling, while others may not have a substance abuse issue, and need domestic abuse services instead. Some severe substance abuse issues may require in-patient substance abuse services. While this makes sense theoretically, the Task Force's examination revealed two primary challenges facing the state's current applied approach to ISP development.

First, ISPs, as currently operationalized, too often have a homogenous approach in which the same set of services are recommended for each family regardless of need. This could be caused by a wide range of factors, including worker stress, workload, training, and lack of experience. More training, experience, and equipping of staff with resources is necessary to make sure that ISPs are working for each family's needs, rather than the one-size fits all approach that too often describes the state's approach to ISP development. Second, according to a review of ISPs conducted by the Task Force and their support staff, ISPs "frequently" include items that are not tied to safety threats but are more aligned to personal values about quality of life or standard of living. In their review, many of these kinds of tasks that may be good, but not essential for safety, became apparent.<sup>26</sup> Survey results from judges and attorneys corroborate this finding, as seen in Figures 5 and 6.<sup>27</sup> Reserving tasks on the ISP exclusively to those desired by the family, or that are essential to creating a safe environment for their children, may help in reducing the time it takes for families to reunify with their children. The following are several action items intended to move the state's approach to ISPs to be more collaborative and specific to the actual needs of the family.

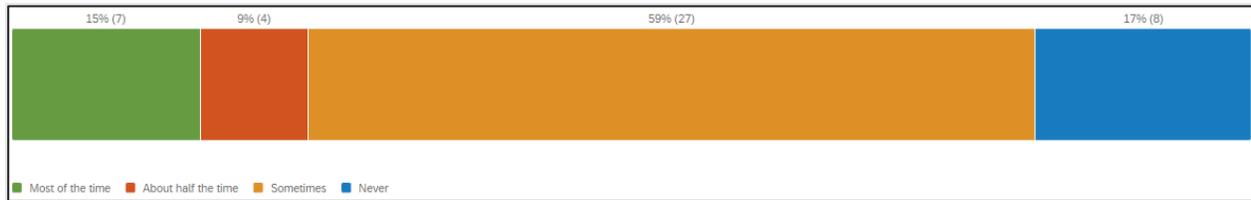
**Figure 5: District Attorneys' & Assistant District Attorneys' Assessment of Personal Values in ISPs**



<sup>26</sup> Child Welfare Task Force Review of Randomly Selected ISP. (2023).

<sup>27</sup> CWTF Survey

Figure 6: Judges' Assessment of Standards that do not Equate with Safety in ISPs



**Action Item 2.1.1:** *Revise the format and language of the ISP to be more family-focused and hope-centered through co-design with child welfare supervisors, specialists, and families.*

**Action Item 2.1.2:** *Revise the process of developing ISPs to eliminate the bias of all parties through co-design with child welfare supervisors and specialists, families, and the courts.*

The Task Force recommends that every component of the ISP process become more focused on families' participation and ownership of that plan. Following the Hope model, this process needs to be driven by families, first and foremost. Families need to be the decision-makers identifying their goals and pathways, and staff from the community and the state need to be there to connect them with the resources that they need to succeed at attaining those goals. The ISP also should be written in language that is easily understandable by families involved in the Child Welfare system. Given the challenges that have occurred in the past with having ISP tasks that are not specifically geared towards resolving safety concerns, the Task Force also recommends that steps be taken to remove personal biases from ISP development. For example, there may be efforts to educate staff regarding appropriate ISP tasks, or steps to ensure that child welfare supervision be heavily engaged in to keep ISP development strictly focused on the critical tasks of eliminating urgent safety risks.

**RECOMMENDATION 2.2:**

**ESTABLISH A PRACTICE MODEL FOR AN APPROACH TO INTENSIVE REUNIFICATION.**

Intensive reunification is a newer approach to child welfare practice that has a multitude of applications and iterations. Many of these approaches, however, have similar characteristics that unite these programs, including:

- Rapid responses to family crisis
- Increased staff hours dedicated to families during a short period of time

- A focus on the strengths of each family
- Services that are convenient for and accessible to families at any time and any place
- Very small caseloads for workers<sup>28</sup>

Programs such as Homebuilders have consistently delivered positive permanency outcomes, including increased numbers of reunifications, significantly reduced time spent in foster care, and prevention of out-of-home placement.<sup>29</sup>

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***Action Item 2.2.1: Examine guides from best practices, such as Washington Intensive Reunification Services, Strengthening Families Program, and Homebuilders.***

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***Action Item 2.2.2: Develop the model to include processes for case consultations, joint assessments, and shared decision-making to address the complex mental health needs of the children and families they serve.***

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***Action Item 2.2.3: Develop a process and practice to change case status to intensive home services with weekly or bi-weekly check-ins that decrease case risks and increase safety from the start of service and interventions.***

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The first step of that process is building a model that works for Oklahoma’s needs. As mentioned earlier, the number of children with complex care needs is on the rise in recent years, which makes this model both attractive and challenging. Intensive work in these homes makes it more likely that any potential safety risks will be observed and managed appropriately. However, children with complex care needs are also far less likely to return home in a few weeks, despite everyone’s best efforts. This is due to the challenge of preparing biological parents to deal with the difficulties of raising children with higher needs in a safe and appropriate manner.

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<sup>28</sup> Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare*, 81(2), 293–317. <https://www.jstor.org/stable/45390061>.

<sup>29</sup> *Program profile: Homebuilders*. (n.d.). CrimeSolutions, National Institute of Justice. Retrieved 2023, from <https://crimesolutions.ojp.gov/ratedprograms/210>.

## ***RECOMMENDATION 2.3:***

### ***DEVELOP PRACTICES TO SUPPORT BIOLOGICAL PARENTS AND ENHANCE THEIR UNDERSTANDING OF PROCESSES.***

Unfortunately, individuals involved in the Child Welfare system frequently do not understand the details of the case at a sufficient level. This was true for biological families, foster families, and children, and applied when it came to navigating both OKDHS and court processes. As observed in the engagement sessions, uncertainty about the phase of the case, or what is trying to be accomplished at any given point in the case, was rampant. Biological families reported that they were unsure if they were going to jail or getting their children back, that the language of child welfare and the courts was difficult to understand, and that they needed allies who could clearly communicate what was at stake, and what their responsibilities were.<sup>30</sup>

Obviously, building an environment of family engagement is impossible if those families do not understand what is going on. It also does not communicate a significant level of respect for the families who are being served if they have a difficult time even understanding the child welfare process. It is hard to imagine very many social situations that are as high stakes as a child welfare case, and it is imperative that Oklahoma's families who regrettably become involved in the system be better prepared for what they are facing as a family. What follows are two action items that the Task Force suggests in order to make this recommendation a reality.

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### ***Action Item 2.3.1: Create a roadmap and informational materials for child welfare and court processes.***

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Based on the evidence, the existing tools and strategies used by Child Welfare to communicate the child welfare process to families are not working the way that they should be. As such, the Task Force recommends the development of new tools to fill these gaps. Specifically, the Task Force calls for the creation of a clear and simple tool that can serve as a roadmap for families involved in the child welfare system. Like any useful map, clear markers—such as starting point, landmarks, and end point—are necessary for the journey at hand. In addition to this high-level roadmap, it may be necessary to also create some more detailed informational materials for each step of the process, and in the spirit of partnership, include biological families in the process of co-creating these tools.

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<sup>30</sup> CWTF Engagement Sessions

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**Action Item 2.3.2: As new case management technology is developed, provide biological parents access to relevant and necessary information related to their case.**

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This action item is attempting to anticipate new potential opportunities related to the creation of the new Child Welfare case management system. This system will hopefully allow partners including attorneys, biological families, foster families, court officials, and others to have appropriate access to important case documents. So, for example, biological families could have access to certain fields in the new system that would communicate important information to them. This could include critical information such as service contact information to foster parent contact information to future court dates. As OKDHS proceeds with the development of this software, the Task Force champions the inclusion of biological parents as providing access to their case information is a great opportunity to empower and partner with parents.

**RECOMMENDATION 2.4:**  
**ESTABLISH A CONSISTENT  
APPROACH TO PARENT PEER  
AND PARTNER PROGRAMS  
IN THE STATE.**

Parent peer mentorship is one method of improving permanency outcomes that has only been utilized in a limited capacity in Oklahoma. In this model, families are given a mentor who has prior experience in navigating the system. This person can empathize effectively with the family and be more easily seen as an ally than someone in a more naturally conflictual position such as a child welfare worker or supervisor. They can be present to answer questions, give advice, and assist parents in many ways along their journey to reunification. Many effective programs in the U.S. utilize peer mentoring as a component of their programs.<sup>31</sup> These programs are relatively low cost, effective at reaching historically underserved parents, and have been utilized across a wide range of social-service contexts, including educational, career, and health for youths and adults.<sup>32</sup> Positive outcomes from other peer mentoring programs included increased likelihood of reunification and decreased likelihood of subsequent removal.<sup>33</sup> The state has recently initiated a peer mentorship program for

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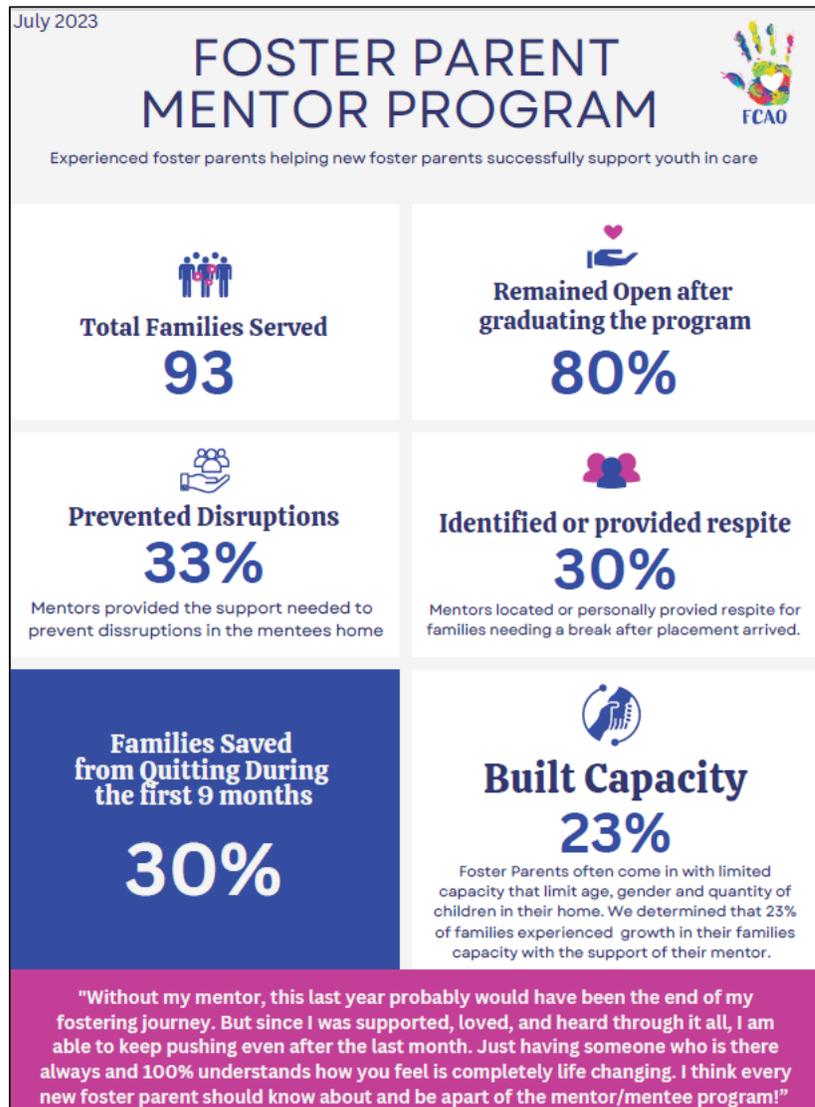
<sup>31</sup> Cohen, E., & Canan, L. (2006). Closer to home: Parent mentors in child welfare. *Child Welfare*, 85(5), 867–884. <https://www.jstor.org/stable/45398788>.

<sup>32</sup> Petosa, R. L., & Smith, L. H. (2014). Peer mentoring for health behavior change: A systematic review. *American Journal of Health Education*, 45(6), 351–357. <https://doi.org/10.1080/19325037.2014.945670>.

<sup>33</sup> Bohannon, T., Gonzalez, C., & Summers, A. (2016). Assessing the relationship between a peer-mentoring program and case outcomes in dependency court. *Journal of Public Child Welfare*, 10(2), 176–196. <https://doi.org/10.1080/15548732.2016.1155523>; Chambers, J. M., Lint, S., Thompson, M. G., Carlson, M. W., &

foster parents that is yielding positive results (see Figure 7 below). There are a few parent mentorship programs in pockets of the state, but expanding that approach to more parents would reap benefits in other areas of the child welfare process. The following are a few action items that the Task Force suggests to accomplish this recommendation.

**Figure 7: Foster Parent Mentorship Program Results**



Graef, M. I. (2019). Outcomes of the Iowa Parent Partner program evaluation: Stability of reunification and re-entry into foster care. *Children and Youth Services Review*, 104, 104353. <https://doi.org/10.1016/j.childyouth.2019.05.030>; Enano, S., Freisthler, B., Perez-Johnson, D., & Lovato-Hermann, K. (2017). Evaluating parents in partnership: A preliminary study of a child welfare intervention designed to increase reunification. *Journal of Social Service Research*, 43(2), 236–245. <https://doi.org/10.1080/01488376.2016.1253634>.

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***Action Item 2.4.1: Identify and develop an approach to consistently train parent peers and parent partners throughout the state.***

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Part of the challenge in implementing programs like these is that there is a significant number of models upon which Oklahoma might base their own approach. As such, work will need to be put into defining what peer mentorship looks like in Oklahoma. Questions such as “who qualifies as a peer mentor,” “how they will get paid,” “how peer mentors are assigned,” and others will have to be answered before a program can be rolled out. In addition, work will have to be put into training and preparing peer mentors so that they know what is expected of them.

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***Action Item 2.4.2: Create a data collection plan to evaluate programmatic success.***

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Also critical is the development of an evaluation plan for this program. Peer mentorship is only successful due to evaluations of other programs, and the Task Force recommends that the state pursue an evaluation of their own. This can help the program even during the development phase, as the evaluation team can assist with crystallizing critical program outcomes. A good program evaluation will not only answer whether the program worked to produce good outcomes, but also can measure whether the program’s return on investment was worth the expenditures necessary to run the program.

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***Action Item 2.4.3: Develop a plan to implement parent peer and partner programs in at-risk communities.***

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The Task Force recommends that this program be implemented first in communities in which there are already poor child welfare outcome measures. The area for implementation needs to be solid in its policy, practice, and partnership with local stakeholders, but operating a program like this in an area that is already excelling in its outcomes will only do a bit to help families in the area. Areas that struggle with major environmental issues such as poverty, substance abuse, and domestic abuse would be excellent sites to target for an initial rollout of the program.

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**GOAL 3: Improve the Effectiveness of the Juvenile Court System by Enhancing Stakeholder Engagement**

Court is a challenging environment for the non-specialist. There are specific sets of rules and roles that apply only in that room. The hearings have specific and impenetrable names, like “adjudication.” It could be easy for people to walk into court and feel intimidated and poorly prepared for what will occur there. Even OKDHS workers, who are in court on a regular basis, can frequently feel intimidated by the court process, as displayed in Figures 8 and 9. The Task Force’s engagement

sessions with foster parents, youth, and biological families suggested high levels of unfamiliarity with the court process.<sup>34</sup>

Figure 8: OKDHS Workers' Levels of Confidence Engaging in Court

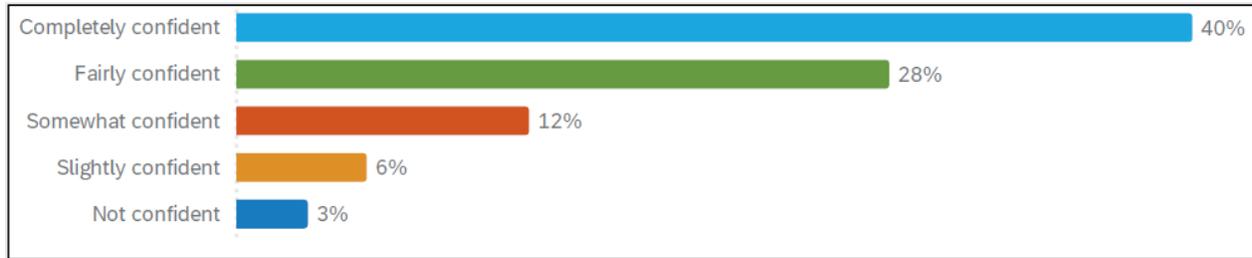
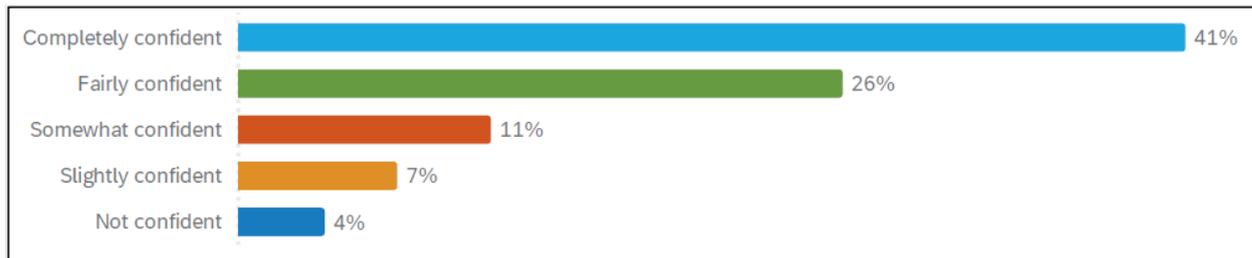


Figure 9: OKDHS' Workers Confidence to Speak up in Court



Compared to other strategies for resolving safety threats, such as child permanency mediations, court-involved child welfare proceedings generally produce worse, longer lasting results. This process is challenging and frightening to non-professionals, including biological parents, youth, and foster parents. Research has shown that biological parents are on average less familiar with advocating for themselves and their parental rights, which exacerbates these issues. The final major challenge facing families' experiences in courts is that in many courtrooms across the state, parents may lack quality legal representation, and even in some cases *any* legal representation.<sup>35</sup>

Some court rooms are inviting to biological families and other non-specialists, while others are not. There are tremendous variations in practice between Oklahoma's court rooms, and this leads to a wide range of possible outcomes for families walking in the door. One family with a very similar situation to another may face a markedly different experience in court based solely on the county in which their case is located.<sup>36</sup>

<sup>34</sup> CWTF Engagement Sessions

<sup>35</sup> Gerber, L. A., Pang, Y. C., Ross, T., Guggenheim, M., Pecora, P. J., & Miller, J. (2019). Effects of an interdisciplinary approach to parental representation in child welfare. *Children and Youth Services Review*, 102, 42–55. <https://doi.org/10.1016/j.childyouth.2019.04.022>; Edwards, L. (2004). Mediation in Child Protection Cases. *Journal of the Center for Family, Children, and the Courts*. [http://nc.casaforchildren.org/files/public/community/judges/July\\_2012/Mediation\\_CP\\_Cases.pdf](http://nc.casaforchildren.org/files/public/community/judges/July_2012/Mediation_CP_Cases.pdf).

<sup>36</sup> CWTF Survey

All these challenges add up to a process that does not treat parents as valued partners, and results in frequent delays in the court process. As discussed above, when parents do not feel engaged in the process, they are less likely to fully engage in their court ordered services and successfully reunify. Even those that still successfully reunify will do so at a slower pace. If the state wants the best outcomes for children and families, every part of the child welfare process must work for the best outcomes for, and to show respect to, biological parents. Below are four recommendations and associated action items that the Task Force recommends to help the court process achieve better outcomes for children, families, and all engaged stakeholders involved in the child welfare process.

**RECOMMENDATION 3.1:**  
**EXECUTE THE FAMILY  
REPRESENTATION AND ADVOCACY  
PROGRAM ACROSS THE STATE.**

The Family Representation and Advocacy Program (FRAP) is a new initiative passed by the Oklahoma legislature (SB 19X) in 2023. The program was funded for \$4.6 million and is intended to ensure uniform, high-quality legal representation of children, indigent parents, legal guardians, and Indian custodians in deprived (dealing with children who are the alleged victims of abuse or neglect) child court actions in Oklahoma. The program was not funded fully for what its authors had requested (\$20 million), necessitating that the program now focus on areas with the fewest available attorneys or lowest rates of compensation. The program also includes funding to provide various support staff, including peer mentors, to assist in preparing families for what to expect during the court process.<sup>37</sup> In order to accomplish this recommendation, the Task Force recommends the following action items:

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***Action Item 3.1.1: Develop an evaluation of the FRAP program.***

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As of now, there is funding included in the FRAP program’s budget for a program evaluation, but an evaluation plan has not yet been developed to show its effectiveness. The Task Force recommends that support be given to develop an evaluation to explore how the program is working. Should the program prove successful, that would serve as additional evidence to the state that the program is valuable and worth providing additional funding to ensure that families across the entire state have access to quality legal representation to assist them in navigating the child welfare process.

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***Action Item 3.1.2: Connect parent mentor programs to legal representatives.***

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<sup>37</sup> The Imprint. *Oklahoma Launching Program to Provide Counsel in Child Welfare Cases*. (June 2023). <https://imprintnews.org/youth-services-insider/oklahoma-launching-program-to-provide-counsel-in-child-welfare-cases/242185>

Currently, the HQLR program includes some limited support for parent mentors. However, if the Task Force’s earlier recommendation is followed and peer mentoring becomes the norm throughout the state, those two programs could work together to ensure that families have the support that they need to reunify successfully. The Task Force also recommends that every effort be made to ensure that parent mentorship remains a majority priority of helping parents to engage in court processes.

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***Action Item 3.1.3: Identify and reserve private spaces for families and youth to talk with their attorneys.***

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During engagement sessions there were some comments made that particularly stuck with the Task Force members, including one comment that detailed a situation in which biological families were observed conducting sensitive discussions with their attorney in a hallway outside of the courtroom due to lack of available space. The Task Force recommends that each courthouse in the state set aside physical space for attorneys to meet with their clients on an as-needed basis. To be clear, the established standard of high-quality legal representation is that attorneys need to be meeting with clients before and after court, rather than waiting until the day of court. This enables attorneys and families to build relationships and to allow both parties to prepare adequately for these important proceedings. However, in cases in which prior meetings are, despite everyone’s best efforts, not possible due to family schedules or transportation issues, ensuring that physical space in courthouses is available for meetings seems wise. These could also be used as private spaces for brief refreshers or check-ins immediately before and after court. Dedicating a particular space for client/attorney meetings sends a positive message to the families and attorneys about the value that all partners see in their relationship.

**RECOMMENDATION 3.2:**  
***DEVELOP A TECHNOLOGY CASE  
MANAGEMENT SOLUTION FOR  
COURT FILES.***

One challenge facing the courts is the lack of a common system in which to collect data. The Oklahoma court systems split their data collection and case management between two systems, the Oklahoma Court Information System (OCIS) and KellPro. Accessing data from each system is different, too, with some limited to being on-site to access information. As a result, even having reliable data to assess court outcomes is difficult in the state. Tasks like comparing court outcomes at a statewide level are rendered extremely challenging. With this lack of comparable data, it is difficult to know

where the state is excelling, and where there are pockets that need improvement. The Task Force identified two action items to be pursued to accomplish this recommendation.

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***Action Item 3.2.1: Develop protocols and systems for sharing information securely and efficiently, while maintaining privacy and confidentiality.***

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While everyone involved in this process desires to see great levels of accessibility and ease involved in court data collection, none of those goals can be achieved at the cost of information security. Child welfare cases are particularly sensitive, with the court filings involved in those cases not being a part of the public record. Under-aged individuals involved in the courts are owed the highest level of protection as they navigate an incredibly difficult chapter of their life. As such, it is critical to ensure that only the appropriate people can have access to the relevant information necessary to advance court improvement efforts.

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***Action Item 3.2.2: Develop processes for quality improvement.***

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High quality data collection means little if there are no plans to utilize the resulting data. As a result, institutions like the Court Improvement Program (CIP) need to be involved in creating plans for how these data will be used to improve court practice in Oklahoma. This might take the form of creating detailed evaluation plans for new court initiatives, or the development of public or inward-facing new court data visualizations like the judicial dashboard (but drawing on more, higher quality data).

**RECOMMENDATION 3.3:**  
***PROVIDE ALTERNATIVE  
OPTIONS FOR SERVICES WHEN  
NECESSARY SERVICES ARE NOT  
AVAILABLE TO FAMILIES.***

All systems run the risk of becoming locked into habitual practices. In the case of child welfare, certain safety risks, for example, always warrant the same services in the minds of some professionals. This mindset can frequently result in delays in situations where there are waitlists for that service. The Task Force recommends that the courts adopt a more flexible, creative approach to service delivery for Oklahoma's families. There are two action items recommended by the Task Force that are intended to advance the likelihood that this recommendation is enacted successfully.

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**Action Item 3.3.1:** *Develop and deploy an Intervention Guidance Tool (IGT) for the courts and Child Welfare to match parents to appropriate services.*

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**Action Item 3.3.2:** *Establish a team of professionals in their referenced fields that recommended alternatives for parents if needed services are unavailable.*

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Some of the lack of creativity in service provision from the courts and OKDHS is due to a deficit of awareness. Staff simply recommend the same services because that is what works and has always been recommended in the past. Therefore, it is critical that these staff are given tools to point them in the direction of alternative services when the traditional service options are not available or appropriate. An IGT would be an effective option for developing resources to tie safety risks to appropriate interventions so that families can always be connected with the services that they need in as quick a manner as is possible. In addition to ready-made tools, the Task Force also recommends that there be a community of professionals who could be referenced regarding questions on difficult cases. These experts could be drawn on in situations where courts and OKDHS staff are simply uncertain of where to go next.

#### **GOAL 4: Increase Supports and Strengthen the Role of Foster Parents to Reduce Closure Rates and Placement Disruptions**

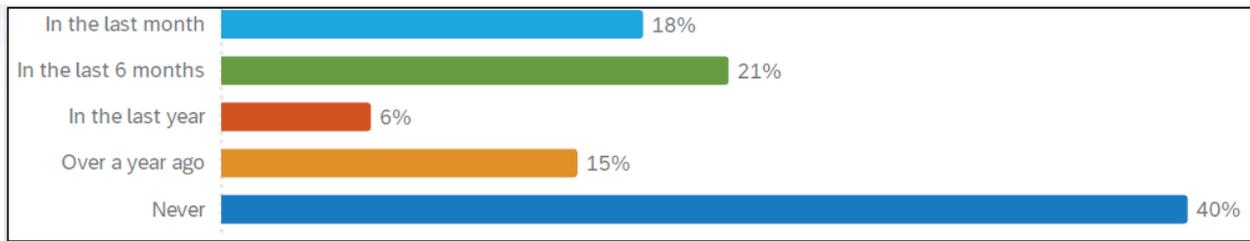
Foster parents can be one of the most powerful positive forces in a foster child's life. Excellent foster parents serve as caretakers for children, advocates for their best interests, and cheerleaders for biological families, all at once. Even when a foster parent's time as custodial parent for a child has ended, they can often serve as a part of that child's trusted network of supporters for the rest of their life. Unfortunately, foster parents frequently feel like they are not held in the same esteem as a part of the child's team as other interested parties.<sup>38</sup> They also face numerous other issues, including not feeling trained and supported to manage children's complex care needs, lacking appropriate financial support, and having mental health needs of their own that are not being met with current available resources.<sup>39</sup> Figures 10 through 15 detail a sample of foster parents' responses to surveys soliciting their feedback regarding their needs.

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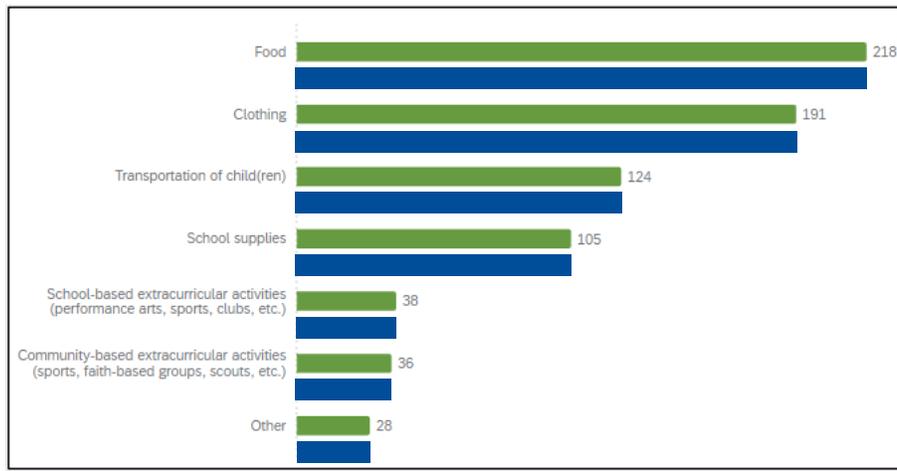
<sup>38</sup> CWTF Engagement Sessions; Sinclair, I., Gibbs, I., & Wilson, K. (2004). *Foster carers: Why they stay and why they leave*. Jessica Kingsley Publishers.

<sup>39</sup> CWTF Engagement Sessions; CWTF Survey

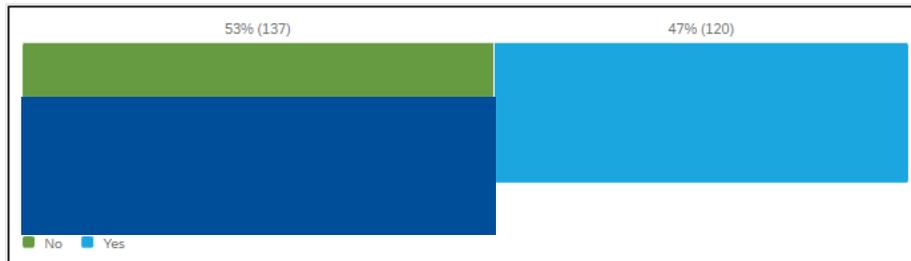
**Figure 10: Last Time a Foster Parent took Respite**



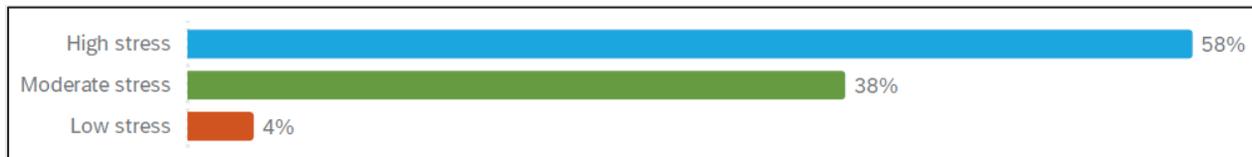
**Figure 11: Items the Monthly Stipend Covers**



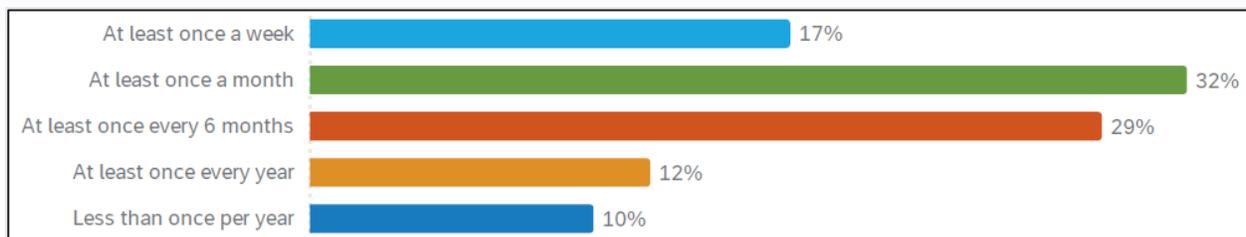
**Figure 12: Barriers to Having Access to Physical/Mental Health Care**



**Figure 13: Stress that Case Delays Put on Families**



**Figure 14: How Often Foster Parents Think about Closing their Homes**



All these responses suggest that a critical piece of the child welfare puzzle currently feels that they are not given sufficient resources to do their jobs, frequently think about quitting, and feel high levels of stress from delays in casework. When considered in the context of the [discussion](#) in this report regarding the need for stability in the lives of children, these pieces of feedback take on even more dire implications. Placement disruptions are a major setback in the permanency process and introduce additional trauma into the lives of children who have already faced tremendous adversity. The Task Force believes that more can be done to support Oklahoma’s foster parents in the critical role that they play in being a positive force in the lives of Oklahoma’s children and families, and that doing so will pay substantial dividends in reunification rates and timely permanency. The Task Force compiled several recommendations to achieve this end.

**RECOMMENDATION 4.1:**  
**INCREASE FINANCIAL SUPPORT  
FOR FOSTER FAMILIES.**

As shown above, foster parents report that their stipend essentially goes far enough to cover food and clothing. Any additional needs such as transportation, extra-curricular activities, and school supplies are frequently costs that the foster parents cover out of their own personal budget. The Task Force identified several action items that would help to provide foster parents the resources they need to do their jobs well and to feel respected and taken care of by the state.

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***Action Item 4.1.1: Increasing stipend for foster parents.***

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The primary means of financial support that foster parents receive to assist with the care of the foster children in their homes is the foster parent stipend. Foster care stipends have not increased in years, and the current rates make it so that many lower income people who would like to be foster parents cannot do so because they simply cannot afford it. Additionally, requiring people to pay for the care of foster children out of their own pocket for ordinary costs such as school supplies, childcare, and extracurricular activities is likely to reduce the number of foster parents in the system, increase

the burnout rate of foster parents, and increase the number of foster children and parents living at truly subsistence levels of existence. Increasing the stipend gives foster parents necessary financial support and increases the likelihood that foster children can live as close to a normal life as is possible.

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### ***Action Item 4.1.2: Improving respite supports.***

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Like everyone, foster parents need breaks from the important work that they do. Caring for foster children is difficult, particularly those with complex care needs. The respite reimbursement rate is currently very low, which decreases the number of people who would be willing to be respite parents. The solution is simple – increase reimbursement rates, support people to take respite breaks, and support respite parents better than the status quo.

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### ***Action Item 4.1.3: Extend paid administrative leave for state employees who are foster parents when accepting a new child.***

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Many state employees serve as foster parents for children in state custody. The state, with its unique responsibility both to provide for children in care, as well as to be an elite employer, has an opportunity to advance both goals by offering paid administrative leave for employees who accept a new foster child. Much like the birth of a biological child, the time following the placement of a foster child is chaotic and difficult. Foster parents and children need time to adjust to each other, build initial bonds, and spend time learning more about each other. Foster parents also need to set up initial medical appointments, shop for necessary supplies, obtain documents, enroll the child(ren) in school, and many other tasks. Paid administrative leave is a great way for the state to demonstrate its commitment to its employees and the children in its custody.

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### ***Action Item 4.1.4: Identify additional financial support for kinship caregivers while completing introductory foster parent training.***

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Kinship families are in a unique position relative to their non-kinship counterparts. Kinship families make up an increasing proportion of the total number of foster parents in the system as early identification of kinship families has become a priority. Kinship homes allow children to be placed with people they are already familiar with, easing the difficulty of their journey somewhat. They are also allowed to take placement of children prior to completing all the introductory foster parent training, in contrast to traditional foster homes, who must be fully approved before they can accept placement of a child into their home. These differences offer significant advantages, but the state cannot begin paying the foster parent stipend until the kinship foster home has completed training. The state provides a one-time lump sum payment to families in this situation, but some have reported that this money did not provide for all the significant initial costs of accepting a placement, as well as ordinary

expenses that accrue until the training can be completed. Finding additional ways to support kinship placements is vital to ensuring that children in state custody are well-provided for.

## **RECOMMENDATION 4.2:**

### **BUILD CAPACITY FOR CHILDCARE TO SERVE CHILDREN IN FOSTER CARE AND WITH COMPLEX CARE NEEDS.**

Childcare was a frequent challenge for foster parents. Many children in state custody have complex care needs, and those children are frequently low on the priority list for childcare providers. Finding ways to incentivize childcare providers to care for children in state custody is vital to ensuring that foster parents feel supported and that the children in state custody are safe and always provided for. The following are two action items the Task Force suggests to ensure that this recommendation is accomplished.

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#### ***Action Item 4.2.1: Develop a difficulty of care payment for children with complex care needs, including children in foster care.***

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Many foster parents must work during the day, making caring for children with special needs or those who are not yet enrolled in school extremely difficult in the absence of reliable childcare. At the Task Force meeting in July of 2023, members discussed stories of families completely unable to find childcare for foster children because all the childcare providers in their community were completely full. The Task Force recommends that the state consider creating additional financial incentives for providers to accept children with complex care needs. This strategy should broaden the pool of available opportunities for foster parents to find childcare.

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#### ***Action Item 4.2.2: Develop and provide specialized training for childcare providers for children and youth with complex needs, including trauma.***

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Not all the reasons for childcare providers to be unwilling to serve foster children are financial. Many also feel intimidated and poorly prepared to deal with the realities of caring for children with complex care needs. The state also ought to provide training for these providers, particularly if it is placing requirements on the providers to care for them. Training should also extend to day-to-day instruction and assistance, as each child presents their own blessings and challenges in any environment. Having a staff of experts available for consultation and problem solving would help provide childcare staff with the support that they need to excel in their work. Great childcare providers serve as a key part of a child's life, and they deserve the state's full support.

**RECOMMENDATION 4.3:**  
**PROVIDE NEEDED INFORMATION  
TO FOSTER PARENTS.**

Partnering effectively with anyone requires that all the partners are fully informed as to what they need to do their job well. Unfortunately, a significant portion of the engagement sessions that the Task Force completed with foster parents painted a picture of foster parents who were frequently frustrated by finding themselves unaware of developments in the case, court hearings, staffing changes, and other critical information.<sup>40</sup> The Task Force created one action item to advance this recommendation.

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***Action Item 4.3.1: As new case management technology is developed, provide foster parents access to relevant and necessary information related to children in their home.***

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The best solution to keeping foster parents informed is to allow them access to relevant information at their own convenience. Foster parents should be able to have a convenient method of checking for casework contact information, court dates, and other appropriate pieces of information related to their foster child's case. With the development of a new child welfare case management system underway, it is important to make this system deliver appropriate details to all engaged stakeholders in a secure manner.

**RECOMMENDATION 4.4:**  
**EXPAND FOSTER PARENT  
MENTORSHIP PROGRAMS.**

One of the hopes of this Task Force is that Oklahoma seizes this opportunity to be seen as a nationwide leader in championing mentorship as a means of supporting stakeholders across the spectrum of the child welfare process. The [above recommendations](#) dealing with supports for biological families is one expression of that hope, as is this recommendation. As discussed above, people excel in situations where they feel supported by someone who can empathize with their situation and have walked in their footsteps before. Mentorship is one means of accomplishing this goal. Oklahoma already has a fledgling foster parent mentorship program, in partnership with the Foster Care and Adoption Association of Oklahoma (FCAO). The Task Force recommends that the state

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<sup>40</sup> CWTF Engagement Sessions

find more ways to expand mentorship for foster parents to improve retention and permanency outcomes. The Task Force crafted three action items to expand Oklahoma’s mentorship capacity.

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***Action Item 4.4.1: Identify and develop an approach to consistently train foster parent mentors throughout the state.***

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As Oklahoma has begun its initial work in foster parent mentorship, the state and its partners have learned a great deal regarding the type of preparation needed to take a former foster parent and turn them into an excellent foster parent mentor. The process is not as simple as sharing words of wisdom learned from experience. There are crisis management tools to learn, new developments in child welfare practice to be cognizant of, and many other pieces that go into excelling as a mentor. The Task Force recommends that the state continue to partner with the FCAO to identify insights that they have learned in piloting the state’s mentorship program and develop a training approach to effectively support Oklahoma’s foster parents.

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***Action Item 4.4.2: Create a data collection plan to evaluate programmatic success.***

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Although the current mentorship program has some data collection involved, much of it is focused on formative evaluation for the program as it gets up and running. As the state and program learn more about effectively developing and managing such a program, a more detailed and rigorous evaluation plan can be developed to assess the program’s effectiveness. The Task Force recommends that a full program evaluation be a priority for statewide rollout of the mentorship program.

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***Action Item 4.4.3: Develop a plan to expand to communities in need.***

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The Task Force recommends targeting areas that are struggling for additional recruitment and support for foster parent mentors. These areas could be communities with high foster parent churn rates, poor permanency outcomes, or preferably both. Having more access to support figures such as foster parent mentors could mean the difference between a foster parent closing their home or continue to provide a safe and stable environment for children until they can achieve permanency. Seriously tackling these systemic issues necessitates working in those areas that have historically been challenges for child welfare outcomes.

**GOAL 5: Expand Capacity of Professionals that Support Families in the Child Welfare System**

Great child welfare outcomes necessitate a great child welfare workforce. According to the evidence collected as a part of this Task Force effort, a poorly supported workforce is associated with a multitude of negative permanency outcomes. High workloads lead to heightened stress, emotional exhaustion, and poor job satisfaction. Worker burnout and stress have a negative impact on meeting

caseload standards, closing cases in a timely manner, and effectively partnering with families. Staff turnover leads to increases in: time to permanency, maltreatment in care, re-entry into foster care, and the number of placements that occur in a case.<sup>41</sup> According to Oklahoma staff, any time there is a change of worker on a case, this triggers a review of the case, which understandably increases the time spent managing a case. Troublingly, 57% of foster parents reported that they had seen the case plan goal change upon worker turnover.<sup>42</sup>

Some worker turnover is unavoidable. People have life changes and move on, get promoted, and sometimes workloads must be rebalanced to avoid seeing staff get seriously overworked. However, there are significant gains that could be made by having child welfare work be seen as more attractive and better supported, and in providing workers with the training and resources necessary to do their job to the best of their ability. These kinds of strategies could significantly reduce worker churn, improve staff capacity, and yield improvements in various positive permanency outcomes.

The Task Force also identified this space as an opportunity to advocate for methods to increase the availability and capacity of mental health providers. This is an area of tremendous need for the state, as around 50% of children involved in the child welfare system have at least one psychiatric diagnosis. Children in care also consume mental health services at ten times the rate of an average child.<sup>43</sup> This situation is even more pronounced in Oklahoma's state context, as children in the state rank 9<sup>th</sup> in the U.S. for mental, emotional, developmental, or behavioral problems, and 11<sup>th</sup> in the number of people with an Adverse Childhood Experience (ACE) score of at least two.<sup>44</sup> The following are several recommendations that the Task Force has created to advance the goal of having a more supported workforce.

**RECOMMENDATION 5.1:**  
**ENHANCE THE AVAILABILITY OF**  
**MENTAL HEALTH PROVIDERS WHO**  
**SPECIALIZE IN WORKING WITH**  
**CHILDREN IN FOSTER CARE.**

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<sup>41</sup> Casey Family Programs. (2017). How does turnover affect outcomes and what can be done to address retention? [White paper.]

[https://www.researchgate.net/publication/258277899\\_Foster\\_Carers\\_Why\\_they\\_Stay\\_and\\_Why\\_they\\_Leave](https://www.researchgate.net/publication/258277899_Foster_Carers_Why_they_Stay_and_Why_they_Leave).

<sup>42</sup> CWTF Survey

<sup>43</sup> Raghavan, R., Inoue, M., Ettner, S. L., Hamilton, B. H., & Landsverk, J. (2010). A preliminary analysis of the receipt of mental health services consistent with national standards among children in the child welfare system. *American Journal of Public Health*, 100(4), 742–749. <https://doi.org/10.2105/AJPH.2008.151472>.

<sup>44</sup> Child and Adolescent Health Measurement Initiative. [2020-2021] National Survey of Children's Health (NSCH). Data Resource Center for Child and Adolescent Health Supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). <https://www.childhealthdata.org/>

As discussed in the [set of recommendations](#) regarding the expansion of resources and services for Oklahoma’s children and families, the service experience in Oklahoma is less than ideal. The process is plagued with overworked therapists and service providers, and delays that are associated with that level of workload. As a result, the Task Force desired to identify some creative ways of using existing resources better and expanding the number and quality of providers until Oklahoma’s service needs are fully met. What follows are two action items suggested by the Task Force to accomplish this recommendation.

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***Action Item 5.1.1: Provide specialized mental health resources and interventions tailored to the unique needs of foster families.***

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The reality is that foster families need special services that do not always apply to everyone who may require mental health resources. However, these special services will have to be developed with those unique needs in mind, including elevated levels of trauma, and increased resilience for the purpose of adjusting to multiple living, educational, and social situations. The Task Force recommends that the appropriate experts be assembled to consider Oklahoma’s needs and identify some services that would fit the needs of Oklahoma’s families.

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***Action Item 5.1.2: Review the licensing requirements for mental health professionals and streamline the processes for licensing and credentialing individuals specifically trained in working with children and youth in foster care or with complex care needs.***

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The Task Force recommends a detailed examination be completed of the process of becoming a licensed professional service provider in the state. Some evidence reviewed by the Task Force suggests that the process for becoming a mental health clinician is more burdensome in Oklahoma than in most other states. Aspiring licensed clinical social workers (LCSW) are required to complete 2000 supervised hours before being certified in other states. In the case of Florida, this number is 1500. However, in Oklahoma this number is 4000, which increases the time and cost of being licensed in the state. Additionally, there are multiple levels of examination for licensure that are not required in other states. Many other states grant the certification to be a drug and alcohol counselor in tandem with becoming an LCSW. In Oklahoma, however, the two processes must be paid for and completed separately.

In addition to the burdens of being licensed, the state also creates other barriers to service access. One of these barriers is tele-health requirements. For a time during the COVID-19 pandemic, clinicians in other states were granted reciprocity to offer telehealth services in any state to meet citizens’ mental health needs while maintaining safe public health practices. This temporary period of reciprocity has, however, now been rescinded, and clinicians in other states currently have a much more difficult time offering telehealth services in Oklahoma.

The previous examples are just a few ways in which state policy can unintentionally create barriers between children and families from the services that they need. The Task Force was the most familiar with the process of becoming a licensed LCSW (one of several licensing processes available in the state), but there are likely opportunities to improve the licensing requirements for other related mental health certifications as well. While the state should ensure that only quality service providers are being licensed in the state, it is also the case that the process should not be so onerous that it results in turning away quality providers by self-selecting them off to other states where the process is more streamlined. The Task Force recommends that a body be assembled to take a critical eye to the licensing and practice requirements and to ensure that Oklahoma is an attractive destination for mental health practitioners. Careful crafting of these requirements could ensure that more people are attracted to a field that plays a critical role in serving Oklahoma's most vulnerable citizens.

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***Action Item 5.1.3: Increase the Medicaid reimbursement rate for outpatient behavioral health services for children and families in foster care, or at risk of entering foster care.***

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OKDHS staff currently report sizeable waitlists to get access to basic behavioral health services for children and families involved in the child welfare system.<sup>45</sup> One likely root cause of this shortage is financial – the rate Medicaid offers for providing behavioral health care is significantly lower than that of any other source of work that a behavioral health provider could choose. Currently, the hourly reimbursement rate Medicaid will pay for outpatient behavioral health services ranges from \$49.54 to \$76.40, depending on if the clinician is working as an individual or as a part of an agency.<sup>46</sup> In contrast, Oklahoma clinicians report that they typically receive around \$100 per hour from private insurance companies, and that the going market rate for private payment is around \$150 an hour. This trend is true in other parts of the U.S. as well and has resulted in long waitlists and chronically underserved populations.<sup>47</sup> <sup>48</sup> Cutting these waitlists could mean that families are addressing pressing safety concerns sooner, which would have positive effects on timely permanency.

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<sup>45</sup> CWTF Engagement Sessions

<sup>46</sup> Oklahoma Health Care Authority. *Reimbursement Methods/Fee Schedules*. (2023).

<https://oklahoma.gov/ohca/providers/types/behavioral-health/fee-schedules.html>

<sup>47</sup> Texas Tribune. *When it Comes to Upping Mental Health Services, Texas has a Medicaid Problem*. (April 2023).

<https://www.texastribune.org/2023/04/28/texas-mental-health-medicaid/>

<sup>48</sup> Mental Health America. *Fix the Foundation: Unfair Rate Setting Leads to Inaccessible Mental Health Care*.

(February 2023). <https://mhanational.org/blog/fix-foundation-unfair-rate-setting-leads-inaccessible-mental-health-care>

## **RECOMMENDATION 5.2:**

**REDUCE THE ADMINISTRATIVE BURDEN AND ENSURE COMPENSATION FOR CHILD WELFARE SPECIALISTS IS COMPARABLE TO MARKET VALUE AND APPROPRIATE FOR THE INTENSITY OF THE WORK.**

Throwing money at a problem is rarely an answer to it. However, it is important that staff feel well-supported and respected in their compensation, and even more importantly, in the administrative backup that they can rely on to do their work. Every effort needs to be made to ensure that workers in the field are empowered to do their jobs, encounter as few obstacles as possible in doing so, and feel that their level of compensation is fair and competitive in comparison to similar types of jobs. It has been several years since the last raise for OKDHS employees, and that period has also coincided with sizeable inflation and significant increases in the costs of paying for benefits such as health insurance, both of which serve as functional pay cuts for employees. The following are three action items the state can take to ensure that its workforce feels satisfied in their jobs and are likely to stay in them for long, fulfilling careers taking care of Oklahoma's children and families.

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### ***Action Item 5.2.1: Increase the number of supporting staff, case aides, and child welfare assistants.***

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The tasks involved in being a child welfare worker are legion. Staff are responsible for managing multiple cases with multiple children per case. They must handle scheduling, vehicle reservations, meeting attendance, travel, training, court, report writing, and any other number of day-to-day responsibilities. Providing additional support to take some of the simpler tasks out of their hands, allowing them to focus on completing true social work tasks, may help to ensure that families are making more progress and are feeling more like true partners. Hiring support positions will help with having that additional support.

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### ***Action Item 5.2.2: Modernizing financial reimbursement of purchasing emergency items for children and youth in care.***

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The initial hours after a child is taken into custody are difficult for all involved. Children frequently come into care with few of their belongings, including essential items like food, clean clothes, and hygiene products. The established process for obtaining these items for children is that

child welfare workers will pay for them personally, and then file for reimbursement from the state. Sometimes, that process is quick. Frequently, according to the engagement sessions that were conducted with child welfare workers, it takes time and puts additional strain on workers, many of whom are managing multiple child welfare cases and have limited personal funds of their own.<sup>49</sup> Modernizing financial reimbursement for workers is a method of relieving a common pain point for workers, and to appropriately show respect and appreciation for the work that they do.

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***Action Item 5.2.3: Conduct a market analysis for Child Welfare specialists.***

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The Task Force has made the request that a market analysis be completed to compare the current wages for CW specialists to similar types of jobs. Wage changes may happen more slowly at the state level, with other position types in the private sector adjusting more rapidly based on competitive needs, inflation, and workforce changes. The Child Welfare team simply wishes for its staff to be paid at a commensurate level to other professionals in related fields, including private social workers, first responders, and similarly educated populations.

***RECOMMENDATION 5.3:  
MITIGATE THE IMPACT OF CASE  
TRANSFERS.***

As discussed above, case transfers can create major delays in the case. While it is hoped that the other recommendations in the rest of this report create an environment with fewer incidences of child welfare turnover, some is unavoidable. As a result, the Task Force believes that creating better procedures for managing case transfers is a wise and necessary approach. The Task Force has identified three action items intended to make the case transfer process as seamless and effective as is humanly possible.

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***Action Item 5.3.1: Evaluate the frequency of case transfers.***

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The first step to fixing any problem is clearly identifying what it is, and how often it is happening. Even now, OKDHS has a difficult time establishing what counts as a case transfer, how frequently they occur, and measuring their impact. As a result, it is critical that these pieces of information are defined and measured so that OKDHS and its partners can create clear and effective policies and practices to manage the case transfer process.

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<sup>49</sup> CWTF Engagement Sessions

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***Action Item 5.3.2: Examine the quality of information exchange during case transfers.***

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The Task Force was able to examine this issue deeply enough to identify that case transfers are generally an issue when it comes to permanency cases. Discovering exactly what to do about it, however, is a far more complicated matter that requires more time and analysis to the situation. As such, the Task Force is recommending that OKDHS complete a detailed analysis of the case transfer process, identifying and cataloguing common errors or omissions that may slow down a typical child welfare case.

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***Action Item 5.3.3: Develop an approach to ensuring inclusion of all involved parties in transfer meetings.***

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One common complaint that was heard throughout the Task Force's engagement sessions was that transfer meetings (along with other critical meetings) did not include all relevant parties. Omitted or uninformed parties frequently included foster parents, biological families, and where the Indian Child Welfare Act (ICWA) applies, Indian Child Welfare (ICW) workers. Establishing protocol that ensures the inclusion of these critical partners can prevent serious delays in the case, as time can be spent wasted trying to contact a worker who no longer works on the case or even at OKDHS. Opportunities for partnerships are squandered as well, as contacts are not being made between child welfare staff and these partners. This increases the likelihood of future conflict and delays, as partners can feel ill-informed, not a part of the team, and may have valid concerns about case progress that would have been better to handle at an earlier point.

***RECOMMENDATION 5.4:  
DEVELOP AND IMPLEMENT  
EDUCATION PROGRAMS FOR  
PROFESSIONALS WORKING WITH  
THE CHILD WELFARE SYSTEM.***

Training, when accompanied by excellent processes and culture, can prove to be a key driver of practice change. Appropriate training is a component part of a well-supported workforce. During engagement sessions and other information gathering, the Task Force identified several areas of focus for future training. Many of these are attached to programmatic shifts dealt with in earlier sets of recommendations. What follows is a short list of training topics with recommended groups to receive these trainings that the Task Force recommends. These are not intended to serve as an exhaustive list

of all the trainings that may be necessary (or all the groups that may need training), but merely as a beginning based on most pressing needs. See Table 5 for details.

**Table 5: Recommended Topics for Training Development and Implementation**

Training Topic	OKDHS	Courts	Foster Parents	Biological Parents	Youth
Stress management, emotional well-being, resilience, and self-care	✓	✓	✓	✓	✓
Ongoing Professional Development	✓	✓	✓	✓	✓
ICWA	✓	✓	✓	✓	✓
Engaging with Courts	✓		✓	✓	✓
Child Welfare Practices and Policies		✓			
Engaging with Workers and Foster Parents in Court		✓			

### Areas for Future Examination

As discussed earlier, this report only represents a few approaches that will advance the state in the field of child welfare. Some areas were important, but solutions were difficult to identify. Some ideas were discussed, but consensus could not be reached. Even if the state were to accomplish all the recommendations contained within this report, there would still be opportunities for improvements. The following is a selection of a few topics that the Task Force feels are important to tackle for the future of child welfare but did not have the time or resources to be able to address in this truncated Task Force process.

#### Substance Abuse

There is very little in these recommendations regarding substance abuse specifically. There is a respectable amount of discussion given towards overhauling services to fit the needs of families better, but as discussed earlier, substance abuse continues to represent a major safety risk for Oklahoma’s children and families. The state needs a coordinated and intelligent response to deal with drug and alcohol abuse, or the state will continue to see removal outcomes like the ones that the state currently has.

#### Poverty

This was only loosely discussed during the report, but poverty is also a major driver of many risk factors and has a mutually tied-in relationship with substance abuse. Financial troubles can drive some into substance abuse, while substance abuse can also cause a person’s slide into poverty.

Internal research conducted by OKDHS staff suggests that counties that suffer from higher levels of poverty are also more likely to have a wide range of worse child welfare outcomes. Poverty is, however, a fiendishly difficult challenge to address. Resources are limited, and the end goal of an enduring and successful effort to reduce poverty must involve investing in the lives of people so that they can provide adequately for themselves. While difficult, this is an area with which the state must wrestle over the next decade if we would like to become a Top 10 state.

## Permanency for Teens

One of the most difficult situations to deal with in the state is when a child in foster care is a teenager. Regrettably, it is more difficult to adopt out teenagers, and a small but real number of these cases end up in a permanency outcome described as “aging out”, in which youth turn 18 and are then their own legal guardian. In some cases, these children can age out and still have support from foster parents, biological family, or friends, but many outcomes for youth who age out of the system are very poor. According to the Annie E. Casey Foundation, 29% of these youths are homeless by age 21, while an additional 20% are incarcerated.<sup>50 51</sup> Crafting better methods to reunify or to find healthy adoptive homes for these children needs to be a component of the state’s overall strategy regarding improving permanency outcomes.

## Permanency for Children with Complex Care Needs

This report discusses, in detail, the rising rates of children with complex care needs in the state. Much of this discussion is oriented around finding appropriate services for these children. That is critically important. However, for the many children with these needs who find themselves unable to reunify, finding adoptive homes for them can be a challenge. The number of people willing to adopt children with disabilities or severe mental health needs is much smaller than the general population of adoptive parents, and more needs to be done to ensure that all of Oklahoma’s children can grow up in a safe and loving home.

This is not a task that can be undertaken by OKDHS alone. Particularly with this subset of children, cross-systems approaches are essential to ensuring that needed care and services are delivered in a timely and effective manner. While this report has suggested some cross-systems strategies for supporting children with complex care needs, the Task Force believes that substantially more work be done in establishing ways to work together to provide the support and care that some of Oklahoma’s most vulnerable citizens need most.

## Conclusions

While there is a sizeable number of recommendations in this report, they can, for the most part, be reduced to three general principles that the Task Force would like to see enshrined in the way the State of Oklahoma does business from this day forward.

## Draw on the Successes of the Past to Drive our Future Efforts

The State of Oklahoma has already accomplished a tremendous amount of progress towards improving our child welfare system. While there are plenty of pieces of data that attest to this fact, the ultimate testimony lies in the children living safely with their biological families after overcoming

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<sup>50</sup> The Annie E. Casey Foundation. *Youth Transitioning out of Foster Care: Incarcerated in the Past Two Years in United States*. (2023). <https://datacenter.aecf.org/data/tables/10865-youth-transitioning-out-of-foster-care-incarcerated-in-the-past-two-years?loc=1&loct=2#detailed/2/38/true/1698,1697/6259/21124>

<sup>51</sup> The Annie E. Casey Foundation. *Child Welfare and Foster Care Statistics*. (2023). <https://www.aecf.org/blog/child-welfare-and-foster-care-statistics>

adversity, the secure relationships between children in care and their foster parents, children thriving in adoptive homes, youth who have exited the system and are excelling, and the day to day continued efforts of the professionals who helped to set Oklahoma's youth on a better path for their future. These positive outcomes and efforts are the fuel that drive Oklahoma's engine of improvement. The state has proved that it has a remarkable, but not yet fully utilized, capacity for excellence in the last decade. It is the Task Force's hope that the next decade is the best one yet for Oklahoma's child welfare professionals and the families that they serve.

## Invest in the Present to Thrive in the Future

While there have been many successful improvements made to enhance the experience for children and families encountering the child welfare system, it is important to note that allowing children and families to ever become involved in an emergency intervention is associated with a plethora of negative outcomes. Many of these are costly fiscally and emotionally, including taking children into state custody, crime, health care costs, and incarceration. Investing now in strategies to strengthen Oklahoma's children and families will be tremendously beneficial in years to come, as the people that we invest in are the future of our state and valued members of our community.

## Increase Quality Partnerships

From biological families, to youth, to foster parents, to judges, to child welfare workers and everyone in between — everyone has a role to play. The more we can respect those roles, and the people in those roles, the better outcomes that we are likely to get. As we grow together as partners, we can successfully draw on more resources, wisdom, and manpower to help struggling families to thrive in their communities. As a Hope-centered state, we need to bring everyone together to meet our goals, break down obstacles, and work together for a future filled with promise and prosperity.



# Appendix 1: Task Force Members



**Justin Brown**

Justin Brown served as Oklahoma’s Cabinet Secretary of Human Services and Director of the Oklahoma Department of Human Services from 2019 to 2023. In July 2023, Brown stepped away from state service with confidence in the transition strategy and with a deep desire to continue human services transformation across America through independent consulting.

In 2022 and 2023, Secretary Brown served as Chairman of the American Public Human Services Association (APHSA) Leadership Council and as a member of the Governing Board of Directors, as well as a member of the National Governor’s Association’s (NGA) Core Advisory Board for Children and Families. In addition to his public service, Secretary Brown has built a passion for serving seniors and children through non-profit organizations including the Alzheimer’s Association, Children’s Hospital Foundation, YMCA, Big Brothers and Big Sisters, among others.



**Deborah Shropshire**

In January 2023, Governor J. Kevin Stitt appointed Dr. Deborah L. Shropshire as Director of Oklahoma Human Services, the state’s largest agency by workforce. In July 2023, Governor Stitt further appointed Dr. Shropshire to the position of Cabinet Secretary of Human Services. In her previous experience as the Child Welfare Services Director, Dr. Shropshire developed a reputation for servant leadership and deep collaboration with community partners and health care and behavioral health providers. She also worked to strengthen tribal partnerships, strategically planned and implemented innovative programs to better serve customers and expanded opportunities for staff recruitment and support. With this experience, Dr. Shropshire guides and motivates her team with a customer-focused vision to enhance and deepen service for Oklahoma’s most vulnerable citizens. As a strong relationship builder, Dr. Shropshire also creates opportunities for Oklahoma Human Services to engage with partners across the state in collaborative service.



**Deborah Smith**

Deborah Smith serves as the Director of Adult and Family Services (AFS) at Oklahoma Human Services (OHS). She previously served as the Director of Innovation Services and Director of Child Welfare Services. Ms. Smith also serves as the Chair of the Children’s Statewide Advisory Workgroup. This is a collaboration of leaders from nine child-serving agencies focused on developing, enhancing, coordinating, and integrating systems and improving services to children and families in Oklahoma. She also serves as a member of the Executive Steering Committee that is working on the State of Oklahoma’s Multisector Plan on Aging.



**Rebecca Gore**

Judge Gore graduated from Northeastern State University in 1991. She attended the University of Oklahoma College of Law and graduated with Honors in 1994. During law school, she worked for the Attorney General’s office perfecting criminal appeals. Judge Gore joined the Mayes County District Attorney’s office in 1996 where she handled criminal, deprived, and delinquent cases. She served in that capacity until being appointed as a Special Judge in October 2010. She was appointed to serve on the Juvenile Justice Oversight and Advisory Committee in 2015 and continues to serve on that committee. In 2019, she was elected Associate District Judge for Mayes County. In that same year, Judge Gore was appointed by the Chief Justice to serve on what is now the Oversight Committee for the Uniform Representation of Children and Parents in Cases Involving Abuse and Neglect.

# Appendix 1: Task Force Members (Cont.)



**Kaitlyn Allen**

District Judge Kaitlyn Allen was appointed by Governor Kevin Stitt in August of 2021 to fill the vacancy of Office 2 of the Seventh Judicial District, Oklahoma County. Judge Allen was reelected in 2022 and serves as Chief Judge of the Oklahoma County Juvenile Division where she hears both deprived and delinquent cases. Prior to taking the bench, Judge Allen was a partner at Henry+Dow+Masters+Aycock+Allen, where she focused on family law, guardian ad litem work, and mediations. Judge Allen has devoted much of her time over the years to the community through her time as a member of Junior League of Oklahoma City and as a board member for Sharing Tree. During her tenure on the Sharing Tree Board of Directors, Judge Allen held the roles of Secretary, President, and Past-President. In 2020, Judge Allen received the Oklahoma Bar Association Family Law Section's Citizen Lawyer of the Year award for her contributions to the community. Judge Allen currently serves on the Citizens for Juvenile Justice Board of Oklahoma County and the Council for Citizens for Children and Families. Judge Allen was appointed in 2022 by Governor Kevin Stitt to the State PARB Advisory Board.



**Mark Lawson**

Representative Mark Lawson of Sapulpa was first elected in 2016. Since joining the House of Representatives, he has championed children's and family issues. In 2020, he was named Children's Representative of the Year by the Oklahoma Institute of Child Advocacy. A year later, Mark was chosen as the Outstanding Elected Official for his efforts in preventing child abuse. Before running for office, he worked in pediatrics at the Saint Francis Children's Hospital as well as with the Safe Place program at Youth Services of Tulsa. Mark is a former Creek County CASA (Court Appointed Special Advocate) for abused and neglected children and served as Chairman of the board for Youth Services of Creek County.



**Jessica Garvin**

Senator Jessica Garvin was first elected to the state Senate in 2020 to represent Senate District 43, encompassing communities in Garvin, Grady, McClain, Cleveland and Stephens counties. In addition to serving as a state Senator, Garvin is a former nursing home and assisted living administrator. Garvin serves as the Executive Vice President of Bison Health Care Management, offering business management for healthcare companies, and founded Four-One-Four, a public relations firm, in 2022. She is also the former co-owner of Kindful Hospice, and although she is no longer working in the long-term care industry, she is a fierce advocate for senior adults at the Capitol.



**Traylor Rains**

Traylor Rains currently serves as the State Medicaid Director at the Oklahoma Health Care Authority. After earning his law degree from Baylor University, he began his now 18-year career in public service with the State of Oklahoma which has included leadership roles within the Department of Mental Health & Substance Abuse Services and the Department of Human Services. In his current role, Traylor is a driver of innovation within Oklahoma's Medicaid program and is responsible for directing several divisions within OHCA including Health Policy, Quality Assurance/Quality Improvement, the Office of the Statewide Health Information Exchange, the Medical Services Division and Long-Term Services and Supports.

## Appendix 1: Task Force Members (Cont.)



**Sarah Herrian**

Sarah Herrian is a leader in her community and has been the driving force behind many successful initiatives. She is the current Executive Director of the Foster Care Association of Oklahoma and loves serving foster and adoptive families through support, connection, and advocacy. Sarah is a trained classical violinist and studied at Vanguard University. Sarah is also the Co-founder of Forgotten Ministries, a ministry dedicated to helping people experiencing homelessness and poverty in her community, and the founder of Five80 Coffeehouse, a Pay-it-Forward Coffeehouse in Enid, OK. She serves on the Garfield County Child Advocacy Council and State Post Adjudication Review Board and prides herself on being a voice for the voiceless. Sarah is a leader and advocate who loves Jesus and her family, including five adopted through foster care. She uses her knowledge, determination, and enthusiasm to help those in need and encourage others to do the same.



**Angela Pharris**

Dr. Angela Pharris is Assistant Professor in the Anne & Henry Zarrow School of Social Work at the University of Oklahoma, Director of the Center for Child Welfare Training and Senior Research Fellow at the Hope Research Center. Her research is focused on the application and implementation of hope centered and trauma-informed practices impact human service programs.



**Tayvon Lewis**

As an innovator in trauma-informed care, Tayvon helped lead the development of the Resilient Oklahoma website. A state-of-the-art website aimed at offering hope, trauma healing, and resilience building by working closely with experts, professionals, and communities. Taking it a step further, Tayvon was a key player in helping coordinate the transformational movement to turn Resilient Oklahoma into a collective force for change. Through collaborative efforts with esteemed state leaders, professionals, community members, and non-profit organizations, they are driving the establishment of the Resilient Oklahoma collective impact movement that strengthens families, prevents child abuse and neglect, and reduces the impact of trauma.



**Holly Towers**

Holly Towers has been with Lilyfield since 2008. She is a Licensed Clinical Social Worker. Holly has a passion for mobilizing the community to care caring for the vulnerable among us. Holly leads Lilyfield and provides vision and passion for the direction of the agency. She works with strategic partnerships within the community to empower faith families to engage in responding to the needs of vulnerable children and families. Holly believes that all children deserve to grow and be nurtured in loving and stable families.

## Appendix 2: Glossary

**Adjudication** – A legal proceeding in which the court determines that the child’s removal is supported/necessary to maintain their safety.

**Administration for Children and Families** - The Administration for Children & Families (ACF) is a division of the Department of Health & Human Services. ACF promotes the economic and social well-being of families, children, individuals, and communities.

**Adverse Childhood Experiences** - Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). This includes experiencing violence, abuse, or neglect, witnessing violence in the home or community, or having a family member attempt or die by suicide. Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use problems, mental health problems, or instability due to parental separation or household members being in jail or prison. Many other traumatic experiences could impact health and wellbeing, such as not having enough food to eat, experiencing homelessness or unstable housing, or experiencing discrimination.

**Centers for Medicaid and Medicaid Services** - CMS is the federal agency that provides health coverage to more than 100 million through Medicare, Medicaid, the Children’s Health Insurance Program, and the Health Insurance Marketplace. CMS works in partnership with the entire health care community to improve quality, equity and outcomes in the health care system.

**Child abuse** - Child abuse is defined by law as harm or threatened harm to a child's health and safety by a person responsible for the child's health and safety.

**Child neglect** - Child neglect is the failure or omission to provide food, clothing, shelter, medical care, supervision, or special care made necessary by the physical or mental condition of the child.

**Child Protective Services** - Child Protective Services (CPS) are provided through Oklahoma Human Services (OKDHS) to identify, treat, and prevent child abuse and neglect. The two purposes of CPS intervention are to protect the safety of children and to provide services to help families with any difficulties that cause the safety of their children to be at risk.

**Child Welfare** - The purpose of Child Welfare Services is to improve the safety, permanence and well-being of children and families involved in the Child Welfare system through collaboration with the families and their community.

**Court Improvement Program** - The State Court Improvement Program (CIP) was created as part of the Omnibus Budget Reconciliation Act (OBRA) of 1993, Public Law 103-66, which among other things, provided Federal funds to State child welfare agencies and Tribes for preventive services and services to families at risk or in crisis.

**Deprived** - Deprived means that the child is in some way not receiving the proper care that they should be receiving. In the adjudication stage, the States must show that the child is deprived.

**Engagement Sessions** - Focus groups conducted with stakeholders in the child welfare system as a part of Oklahoma’s Child Welfare Task Force Effort. These sessions included biological parents, youths who had exited the system, child welfare workers, foster parents, and tribal partners.

Focus Area – A workgroup of the Child Welfare Task Force, composed of two to three members of the Task Force, which reviewed evidence and crafted recommendations related to a specific area of child welfare practice.

Foster care - Foster Care is a planned, goal-directed service that provides 24-hour-a-day substitute temporary care and supportive services in a home environment for children in OKDHS custody.

Foster Care and Adoption Association of Oklahoma - Foster Care and Adoption Association of Oklahoma has been serving as a resource to foster, adoptive, and kinship families in Oklahoma since 1996. FCAO is a non-profit organization that empowers, supports, and advocates for foster and adoptive families all across Oklahoma.

High Quality Legal Representation (HQLR) – This is a framework for ensuring that all individuals involved in a child welfare case have access to excellent legal representation across the entire life of the case.

Indian Child Welfare Act - The Indian Child Welfare Act (ICWA) is a federal law that passed in 1978. ICWA sets minimum standards that must be met when Indian children are removed from their families and when placed in foster or adoptive homes.

Individualized Service Plans (ISP) - The ISP is based upon a comprehensive assessment and evaluation of the child and family and is developed with the participation of the child, when appropriate, and the child's parent, legal guardian, legal custodian, attorney, guardian ad litem, and tribe, when applicable. The health and safety of the child is the paramount concern in the ISP development. When any part of the ISP is disputed or not approved by the court, an evidentiary hearing may be held, and the court determines the content of the ISP in accord with the evidence presented and in the best interests of the child.

Intensive Reunification – An approach to child welfare practice that prioritizes rapid reunification through small caseloads, 24/7 access to services, and increased staff hours dedicated to each case.

Intervention Guidance Tool - An Intervention Guidance Tool (IGT) for the courts and child welfare to match parents to appropriate services. The IGT would be informed by a team of professionals in their referenced fields and would have recommended alternatives for parents if the desired services were unavailable.

Kinship Foster Care - When determining the placement of a child in OKDHS custody, a preference is given to relatives and persons who have a kinship relationship with the child. OKDHS makes diligent efforts to place the child accordingly and reports to the court the efforts made to secure a placement for the child in the least restrictive, most family-like setting, in reasonable proximity to the child's home, and where the child's special needs may be met.

Licensed Clinical Social Worker (LCSW) - LCSW social workers are licensed to diagnose and treat mental, behavioral, and emotional disorders. They administer therapy services to individuals, groups, families, and couples. They help clients develop strengths-based strategies to change problematic behavior or to cope with challenging circumstances. Another part of an LCSW's job is to connect clients with additional resources and services.

Oklahoma Court Information System (OCIS) - The Oklahoma Court Information System (OCIS) was first authorized by the Oklahoma legislature in 1985. OCIS was created to establish a court information system for the purpose of providing data processing services to state agencies, boards and commissions and other entities pursuant to contract.

Permanency - Permanency is the state of returning children to their own homes as soon as their needs can be met in their parent(s)' home, or another permanent home when return to the home is not possible.

Permanency Planning - Permanency planning services to families include assessing the needs and strengths of the family; involving family members as participants in their own treatment plan; consulting with service providers to evaluate the effectiveness of the services; providing placements for children which will meet their medical, educational, and physical needs; returning children to their own homes as soon as their needs can be met in their parent(s)' home, and arranging a permanent plan when return to the home is not possible.

Placement Instability - Placement Instability is defined as three or more moves following the first year in foster care.

Prevention – Efforts to reduce the number of children who go into the Child Welfare system by offering supports and services to the family.

Re-entry – Re-entry is when children re-enter the Child Welfare system after being previously reunited with their family.

Removal – This is either the physical act of a child being taken from his or her normal place of residence, by court order or a voluntary placement agreement and placed in a substitute care setting, or the removal of custody from the parent or relative guardian pursuant to a court order or voluntary placement agreement which permits the child to remain in a substitute care setting.

Risk Factor – Characteristics that lead to a greater likelihood of children being removed from their parents' homes.

Safe Families Oklahoma - Safe Families Oklahoma provides support to an innovative collaboration of area churches, volunteers, non-profit organizations, business leaders, and government partners, all focused on ensuring that struggling parents have adequate options for meeting their children's needs for a short period of time.

Science of Hope Framework - OKDHS uses the Science of hope to build a hope-centered organization by developing, modeling, and serving in a manner that nurtures hope. HOPE is the belief that the future will be better than today, and we each have the power to make it so. State agencies have the power to infuse HOPE into their organizational framework to serve their customers and workforce.

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